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ABSTRACT

This color-coded curriculum guide was developed to help health services educators prepare students for health services occupations. The curriculum is organized in 20 units that cover the following topics: interpersonal relationships and the health care team; communication and observation skills; safety considerations; microbiology; the body as a whole; the skeletal system; the muscular system; the skin and its appendages; the respiratory system; the cardiovascular system; the digestive system; nutrition; the endocrine system; the nervous system; the sensory system; the urinary system; the reproductive system; special procedures; vital signs; and death and dying. Each unit starts with a unit overview and contains one or more lesson plans. Each lesson plan consists of objectives; teaching outline; interaction items; classroom, laboratory, or other activities; evaluation items; answers to evaluation items; student handouts, and suggested teaching/learning items. A 36-item bibliography is included in the guide. (KC)

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INSTRUCTOR GUIDE 50-1013-I

Health Services Assistant

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HEALTH SERVICES ASSISTANT

Instructor Guide

Produced by the Instructional Materials Laboratory
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PREFACE

The first edition of the Health Services Assistant program was completed and published in 1974. In 1984, a second edition was published which differed from the original significantly in that demonstration lessons relating to basic nursing procedures were omitted. It was determined that the instructor could provide appropriate lessons from other curriculum sources, accourding to each student's occupational interest. As a great number of Health Services Assistant students demonstrated interest in the the nursing field, lessons covering basic nursing procedures relating to the twelve body systems were taken from the Nurse Assistant in a Long-Term Care Facility curriculum guide (also published by the Instructional Materials Laboratory). In time, many teachers expressed frustration with having to merge two sources of lesson plans into one curriculum. The table of contents for the HSA guide became virtually useless as lessons from the CNA guide were mixed in.

When the Instructional Management System was established by the Missouri Board of Education, the Department of Elementary and Secondary Education developed guidelines for implementation of the Vocational Instructional Management System (VIMS). Vocational programs responded by identifying competencies in each occupational area that students should master. In December of 1986, an advisory committee composed of health occupations educators and representatives from the Department of Elementary and Secondary Education met the core competencies for Health Services Assistant. Existing competencies from the HSA curriculum were refined and updated, and competencies covering basic nursing procedures related to the body systems were added. The competency list was verified and then published as the Health Services Assistant Competency Profile.

In June 1987, funds were provided by DESE to revise the Health Services Assistant curriculum to align it with the competencies appearing on the HSA competency profile. The advisory committee met again to perform an instructional analysis, the process of rearranging and grouping competencies in a logical teaching/learning sequence and identifying the necessary cognitive information students need to master a skill. The end product of the instructional analysis was the content outline from which this curriculum was developed. The committtee consensus was that lesson plans covering basic nursing procedures contained in the nurse assistant curriculum be includedto relieve teachers from the task of moving lessons from one guide to another.

The project writer began revising lesson plans from the existing HSA curriculum guide, as well as writing several new lessons (including "AIDS and the Health Care Worker" found in Unit IV). Lessons from the revised Nurse Assistant in a Long-Term Care Facility curriculum guide were reproduced and included. The material was then edited and accompanying artwork updated or developed by the Instructional Materials Laboratory.

Funds were again provided in 1988 by DESE for the fieldtest phase of this project. Lesson plans were fieldtested in the classrooms of six vocational schools during the 1988-89 school year. Lengthy fieldtest evaluations completed by each site coordinator were reviewed at the conclusion of the fieldtest and approved corrections/revisions implemented to the final draft.

The result of this long process is the 1989 edition of Missouri's Health Services Assistant curriculum guide. It represents a significant effort on the part of the advisory committee, the writer, and those dedicated individuals who fieldtested it. It is also a step forward for instructors who are implementing VIMS, by providing them with curriculum which is truly aligned with the competencies to which they must teach.

ACKNOWLEDGMENTS

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LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT I : INTERPERSONAL RELATIONSHIPS AND THE HEALTH CARE TEAM

SCOPE OF UNIT:

This unit covers an overview of course objectives and requirements, effective study habits and test-taking skills, the types of health facilities, the members of the health care team and their functions, the role of the health services assistant relative to the health care team, and ethical and legal responsibilities.

INFORMATION TOPIC: I-1 OR DEMONSTRATION:

HEALTH SERVICES ASSISTANT
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. List five objectives of this course.
2. Identify course requirements as determined by his/her school.
3. Recognize survival tips.
4. Identify personal appearance qualities of a health services assistant.
5. Recall essential traits and attitudes for the health services assistant.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Essential Attitudes for Establishing Working Relationships with Residents
2. HO 2: Promoting Positive Human Relations
3. HO 3: Poem of Compassion
4. Trainex filmstrip: "Ethics for the Nursing Assistant"

INFORMATIONAL ASSIGNMENT: (Student)

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986.

Rosdahl, Caroline Bunker. Basic Nursing. 4th ed., Philadelphia: J.B. Lippincott, 1985.

Simmers, Louise. Diversified Health Occupations. St. Louis: Delmar Publishing, Inc., 1983.

REFERENCES: (Instructor's Additional Information)

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986.

Rosdahl, Caroline Bunker. Basic Nursing. 4th ed., Philadelphia: J.B. Lippincott, 1985.

Schwartz, Estelle and Lillian Potter. Foundations of Patient Care. Philadelphia: J.B. Lippincott, 1981.

INTRODUCTION:

In our study of health occupations, we will learn about the different kinds of health care workers and their various skills. We are going to talk about the personal characteristics of health care personnel. We all talk, think, and act in our own particular way, and we all have good qualities. It is especially essential that a health care worker develop those qualities and attitudes essential to good interpersonal relationships. Health care workers deal primarily with people; therefore, attitudes and behavior are of particular importance.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT I : INTERPERSONAL RELATIONSHIPS AND THE HEALTH CARE TEAM

OUTLINE: (Key Points)

I. Goals and Objectives

  A. Explain the interrelationships and the opportunities for careers in health occupations.

  B. Demonstrate on the job the basic entry-level skills of a health services assistant in one or more of the health occupations.

  C. Relate the technical information needed to make judgments in performing health services assistant duties.

  D. Identify the physical, emotional, and spiritual needs of families as well as the resident and demonstrate the ability to meet these needs on a health services assistant level.

  E. Exhibit behavior which indicates an attitude of respect for residents, coworkers, and fellow citizens.

II. Rules and Regulations of Individual School (use student handbook)

III. Course Requirements (determined by individual schools)

  A. Attendance

  B. Overall grade

  C. Classroom strategies

    1. Overview

    2. Use of student guide (includes most handouts)

    3. Use of reference

      a. Textbooks

      b. Periodicals

      c. Pamphlets

    4. Audio-visual materials

    5. Evaluation items

    6. Assignment/activity sheets

    7. Tests

        8. Procedures

        9. Classroom discussion

IV. Survival Tips

- A. Study habits
    - 1. Surroundings
        - a. Quiet
        - b. No television or radio
    - 2. Preview material.
        - a. Read material quickly.
        - b. Use topic headings or key sentences.
        - c. Ask yourself what each paragraph contains.
    - 3. Read each paragraph.
        - a. Remember to read for content; do not just look at the words.
        - b. State paragraph content or ideas in your own words.
        - c. Underline important words, sentences, or phrases.
        - d. State topic aloud.
    - 4. Test yourself. Construct your own test questions.
    - 5. Time for study
        - a. Study as soon as possible after class.
        - b. Fill in notes or reorganize notes.
        - c. Do assignments as soon as possible after they have been given.
    - 6. Reference materials
        - a. Use library frequently.
        - b. Look up new words in the dictionary or refer to glossary.
    - 7. Taking a test
        - a. Read the question quickly but thoroughly. Read each word of the question and all choices.

b. Select the answer you believe is correct - usually your first thought is correct.

c. Restate each question in your own words.

d. Never erase or change an answer unless you are positive your first choice is wrong.

V. Personal Appearance of the Health Services Assistant (II-1, II-2)

A. Hygiene

1. Bathe daily.

2. Use deodorants.

3. Prevent bad breath by brushing teeth.

4. Fingernails

   a. Short, trimmed

   b. Neatly shaped

   c. Cleaned

5. Hair

   a. Neat and clean

   b. Simple style

   c. Short, not touching collar (Long hair must be pinned up or tied back so loose hairs do not contaminate.)

   d. Keep hair out of face.

6. Foot care - prevent odor/infection

B. Clothing and accessories

1. Uniforms of modest length or pantsuits, cleaned daily and mended.

2. Change lingerie and underclothing daily.

3. Undergarments should provide good support.

4. Jewelry is not considered a part of any uniform. (Check policy of facility.)

   a. Wedding ring only

   b. Small, post earrings

5. Stockings should be changed daily.

6. Shoes should be comfortable and provide support.

   a. Clean and polish daily, if shoes are white.

   b. Wash shoestrings as needed.

   c. Color of shoes should be in accordance with facility policy.

7. Make-up

   a. Use in moderation.

   b. Wear no perfume as it tends to nauseate ill persons.

VI. Personal Health

A. Eat a well-balanced diet.

B. Acquire adequate sleep and relaxation.

C. Cope with stress (inner pressures).

D. Practice good posture.

E. Never use alcohol or drugs before going on duty or while on duty.

F. Prevent disease.

   1. Handwashing

   2. Immunization

   3. Health maintenance program

G. Exercise

VII. Essential Traits and Attitudes for the Health Services Assistant (HO 1, HO 2, HO 3)

A. Personality - totality of an individual's behavioral and emotional tendencies (II-3)

   1. Charm - how to please others

   2. Poise - even tempered, composed

   3. Dignity - pride, self-respect

   4. Attitudes - feelings about people, places, and things (II-4)

      a. Positive

b. Negative

5. Habits - repetition of behavior; acquired

B. Conduct (II-5)

1. Confidentiality - do not disclose resident's condition to friends or family

2. Professional behavior

3. Gossip

4. Courtesy - consider others first

C. Dependability

1. Report to work on time.

2. Use facility procedure for absenteeism. (II-6)

3. Work habits

4. Personal habits

VIII. Summary and Conclusion

A. Goals and objectives

B. Rules and regulations

C. Course requirements

D. Survival tips

E. Personal appearance of the health services assistant

F. Personal health

G. Essential traits and attitudes of the health services assistant

This lesson provided an overview of the course, its requirements, and how you can become a vital part of the health care delivery team and make a significant contribution to your life and society.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT I : INTERPERSONAL RELATIONSHIPS AND THE HEALTH CARE TEAM

INTERACTION ITEMS:

1. What characteristics constitute a neat appearance?
2. Why is good personal hygiene especially essential in a health care worker?
3. What factors make up your personality?
4. What attitudes are essential in a health care worker?
5. What is conduct? How does it affect your work?
6. What happens when a worker is late or calls in sick at the last minute?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Role-play situations of appropriate behavior on the job.
2. Examine samples of assignment/activity sheets, procedure sheets, written and performance tests.
3. Outline plan to develop and/or improve study skills.
4. Invite a guest speaker (a cosmetologist) to offer a presentation on grooming.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT I : INTERPERSONAL RELATIONSHIPS AND THE HEALTH CARE TEAM

EVALUATION ITEMS:

1. List five objectives of the course.

   a.

   b.

   c.

   d.

   e.

2. List three course requirements as determined by instructor and/or school.

   a.

   b.

   c.

In the space provided, write "T" if the statement is true, or "F" if it is false.

____ 3. The study environment should be quiet.

____ 4. Soft radio music is okay to listen to while studying.

____ 5. A good study habit is to underline important words, sentences, and phrases.

____ 6. A good time to study is as soon as possible after class.

____ 7. When selecting an answer to a test question, usually your first thought is correct.

____ 8. Never restate the question in your own words, as this will confuse you.

Match the following traits of a health services assistant to the correct definition.

____ 9. Ability to please others

____ 10. Even-tempered

____ 11. Uses facility's procedure when absent

____ 12. Exhibits self-control

____ 13. Feelings about people, places, and things

____ 14. Considers others

____ 15. Does not discuss resident's condition with friends

a. Charm

b. Confidential

c. Courtesy

d. Dependability

e. Dignity

f. Poise

g. Attitude

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT I : INTERPERSONAL RELATIONSHIPS AND THE HEALTH CARE TEAM

ANSWERS TO EVALUATION ITEMS:

1. Answers will vary.
2. Answers will vary.
3. T
4. F
5. T
6. T
7. T
8. F
9. a
10. f
11. d
12. e
13. g
14. c
15. b

ESSENTIAL ATTITUDES FOR ESTABLISHING WORKING RELATIONSHIPS WITH RESIDENTS

Politeness and Tactfulness

Politeness - a social courtesy

"Please"; "Thank you" - magic words
"May I help you?" with a smile
Allow others to pass - no pushing.
Be gentle in manner and tone.
Always address other employees and residents by surname (Mr., Mrs., Miss, or Ms.).

Tactfulness - skillful thoughtfulness in handling a situation

Think carefully before speaking to avoid offending others. Learn how to answer residents' questions to their satisfaction by referring to the appropriate resource person, etc. (such as, "Why don't we ask your doctor?").

Friendliness

Friendliness is warmth and good will between people and includes courtesy, confidence, and hospitality.

Patience

Patience is the ability to accept the resident's behavior in a supportive manner and to convey the feeling that you are in sympathy with him/her, and are interested in his/her welfare.

Truthfulness

Truthfulness is best demonstrated by an earnest and sincere manner. All residents need to trust the people who care for them so that they can learn to rely on people.

Poise

To be composed in difficult situations requires thoughtful control and is not always easy.

Confidence in Ourselves and Others

When we have faith and assurance in ourselves, it tends to inspire the same in others.

Receptiveness

To listen to another person's interests politely, unselfishly, and tactfully is a compliment to that person. Listening can create a pleasant bond between two people.

PROMOTING POSITIVE HUMAN RELATIONS

1. **SPEAK TO PEOPLE.** There is nothing as nice as a cheerful word of greeting.
2. **SMILE AT PEOPLE.** It takes 72 muscles to frown, only 14 to smile.
3. **CALL PEOPLE BY NAME.** The sweetest music to anyone's ears is the sound of his/her own name.
4. **BE FRIENDLY AND HELPFUL.** If you would have friends, be friendly.
5. **BE CORDIAL.** Speak and act as if everything you do is a genuine pleasure.
6. **BE SINCERELY INTERESTED IN PEOPLE.** You can like almost anyone if you try.
7. **BE GENEROUS WITH PRAISE.** Practice caution with criticism.
8. **BE CONSIDERATE OF THE FEELINGS OF OTHERS.** It will be appreciated.
9. **BE THOUGHTFUL OF THE OPINIONS OF OTHERS.** There are usually three sides to a controversy: yours, the other person's, and the right one.
10. **BE ALERT TO GIVE SERVICE.** What counts most in life is what we do for others.

ADD TO THIS A GOOD SENSE OF HUMOR, A BIG DOSE OF PATIENCE, AND A DASH OF HUMILITY AND YOU WILL BE REWARDED MANY TIMES OVER.

POEM OF COMPASSION

(This poem was written by a woman who died in the geriatric ward of Ashludie Hospital near Dunde, England. It was found among her possessions and so impressed the staff that copies were made and distributed to every nurse in the hospital. It is addressed to the nurses who surrounded the woman in her last days. However, because it cries for recognition of common humanity, it could have been written to all of us.)

What do you see, nurse, what do you see?
Are you thinking when you look at me -
A crabbed old woman, not very wise,
Uncertain of habit with far away eyes,
Who dribbles her food and makes no reply
When you say in a loud voice - "I do wish you'd try."
Who seems not to notice the things that you do
And forever is losing a stocking or shoes,
Who resisting or not, lets you do as you will
With bathing and feeding, the long day to fill.
Is that what you're thinking, is that what you see?
Then open your eyes nurse, you're not looking at me.

I'll tell you who I am as I sit here so still.
As I move at your bidding, eat at your will,
I'm a small child of ten with a father and mother,
Brothers and sisters who love one another;
A young girl of sixteen with wings on her feet,
Dreaming that soon a love she'll meet;
A bride at twenty, my heart gives a leap,
Remembering the vows that I promised to keep;
At twenty-five now I have young of my own
Who need me to build a secure, happy home.

A woman of thirty, my young now grow fast,
Bound together with ties that should last.
At forty, my young sons have grown up and gone,
But my man's beside me to see that I don't mourn.
At fifty once more babies play round my knee -
Again we know children, my loved one and me.
Dark days are upon me, my husband is dead,
I look at the future, I shudder with dread.
For my young are all rearing young of their own,
And I think of the years and the love that I've known.

I'm an old woman now and nature is cruel.
'Tis her jest to make old age look like a fool.
The body it crumbles, grace and vigor depart.
There is a stone where I once had a heart.
But inside this old carcass a young girl still dwells,
And now again my bittered heart swells.
I remember the joys, I remember the pain
And I'm loving and living life over again.
I think of the years, all too few, gone too fast,

And I'm loving and living life over again.
I think of the years, all too few, gone too fast,
And accept the stark fact that nothing can last.
So open your eyes, nurse, open and see
Not a crabbed old woman.
Look closer - SEE ME!

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT I : INTERPERSONAL RELATIONSHIPS AND THE HEALTH CARE TEAM

SCOPE OF UNIT:

This unit covers an overview of course objectives and requirements, effective study habits and test-taking skills, the types of health facilities, the members of the health care team and their functions, the role of the health services assistant relative to the health care team, and ethical and legal responsibilities.

INFORMATION TOPIC: I-2 OR DEMONSTRATION:

THE HEALTH CARE TEAM
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Relate the five basic functions and purposes of health care facilities.
2. Identify types of health care facilities.
3. Identify members of the health care team and their functions.
4. Describe lines of authority the health care assistant should follow.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: The Health Care Team - Acute Care Facility
2. HO 2: The Health Care Team - Long-Term Care Facility
3. Trainex filmstrip: "The Hospital Story"

INFORMATIONAL ASSIGNMENT: (Student)

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986.

REFERENCES: (Instructor's Additional Information)

Schniedman, Rose and Rose Lambert. Being a Nursing Assistant. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986.

Rosdahl, Caroline Bunker. Basic Nursing. 4th ed., Philadelphia: J.B. Lippincott, 1985.

Wittman, Karl. Basic Sciences for Health Careers. New York: McGraw-Hill Book Co.

Birchenall & Streight. Introduction to Health Careers. Philadelphia: J.B. Lippincott Co., 1978.

INTRODUCTION:

Today you will learn about various types of health care facilities, their purposes, and the members of the health care team and their functions. The term "health team" illustrates the fact that it takes more than one person to provide optimal health care. It is also important for you to understand where you fit in as an important member of the "health team."

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT I : INTERPERSONAL RELATIONSHIPS AND THE HEALTH CARE TEAM

OUTLINE: (Key Points)

I. Functions and Purposes of Health Care Facilities (II-1)

   A. To provide care for ill and/or injured

   B. To prevent disease

   C. To promote individual and community health

   D. To provide facilities for the education of health workers

   E. To promote research in the sciences of medicine and nursing

II. Health Care Facilities (II-2)

   A. Hospitals - acute care (HO 1)

   B. Long-term care facilities - for persons who are no longer able to take care of themselves and/or need supervision

   C. Rehabilitation clinics - for persons who are disabled and need treatment to maintain maximum function

   D. Mental health facilities - for persons who are mentally ill

   E. Public health agencies - concerned with welfare of the community and its environment; deals with prevention and control of communicable disease, purity of public water supply, regulation of waste disposal, restaurant inspection, etc.

   F. Hospice - a specially-designed health care facility/philosophy of care for those who are dying

III. Health Care Team Members (HO 2) (II-3)

   A. Resident and his/her family have particular needs which must be identified by team members

   B. Physician

      1. Makes a diagnosis

      2. Gives orders for medication and treatment

      3. Guides plan of care

C. Administrator - responsible for all aspects of operation of the health care facility including delivery of proper resident care

D. Nursing staff

   1. Registered Nurse (RN)

      a. Length of training is two to four years

      b. Must pass a state board of nursing examination upon completion of educational program

      c. Duties

         1) Plans and assigns nursing care

         2) Responsible for all team members working together

         3) Evaluates quality of care

         4) Gives medication

         5) Starts IV's

         6) Assists with resident care (physical, psychological, and social)

         7) Takes and records physician's telephone and verbal orders

         8) Teaches nursing procedures

         9) Administers tube feedings

   2. Licensed Practical Nurse (LPN)

      a. Length of training is one year

      b. Must pass a state board of nursing examination upon completion of educational program

      c. Duties

         1) Plans, assigns, and evaluates nursing care

         2) Gives medication

         3) Starts IV's after successful completion of IV therapy course

         4) Assists with resident care (physical, psychological, and social)

        5) Takes and records physician's telephone and verbal orders

        6) Performs most treatments

        7) Administers tube feedings

3. Certified medication technician (CMT)

    a. Must have successfully completed the required course for Nurse Assistant in a Long-Term Care Facility and meet other requirements before starting training for CMT

    b. Length of training is a minimum of 48 hours classroom and clinical instruction

    c. Must pass final practicum examination before being certified

    d. Duties

        1) Prepares and administers selected medications

        2) Transcribes physician's orders

        3) Observes and reports effects of medications

        4) Assists with resident care

        5) May administer insulin after successful completion of an insulin administration course

4. Nurse assistant (NA)

    a. Length of training is a minimum of 75 hours of classroom and 100 hours of on-the-job training and final exam.

    b. Must pass final examination before qualified

    c. Duties

        1) Provides for and assists with activities of daily living

        2) Provides bedside care which includes selected procedures under the supervision of the charge nurse

            a) Feeding

            b) Dressing

            c) Bathing

            d) Checking and recording vital signs

        e) Weighing and measuring resident

        f) Bowel and bladder retraining

        g) Maintaining safe environment

        h) Transferring to chairs

        i) Transferring resident to activities planned by the activities director

    3) Makes accurate observations and reports to charge nurse

    4) Helps meet the emotional needs of the resident

        a) Aware of resident's emotional needs; alerts social services designee of problems through chain of command

        b) Is an effective communicator

E. Dietary employees

1. Dietitian

    a. Supervises dietary/food service department

    b. Approves menus; evaluates and counsels residents with nutritional problems

2. Dietary/food service manager

    a. Manages dietary department (orders supplies, foods, etc.)

    b. Interviews residents

    c. Supervises dietary employees

3. Dietary staff

    a. Prepares and serves food

    b. Washes dishes

    c. Keeps dietary area clean

F. General housekeeping and maintenance

1. Housekeeping employees

    a. Provide daily room care

        - b. Responsible for cleaning all other areas of facility
    - 2. Laundry employees
        - a. Laundry of linen, bedding, and clothing
        - b. Mending
    - 3. Maintenance employees - general repair and grounds-keeping
- G. Activities director
    - 1. Conducts group and individualized activities so that each resident of the facility is reached
    - 2. Supervises volunteers
    - 3. Schedules community-sponsored activities in the facility
- H. Physical therapist; occupational therapist; speech therapist
    - 1. Plans and provides therapy essential to promotion of rehabilitation based on physician's orders
    - 2. Instructs staff in restorative nursing procedures
- I. Social services (designee)
    - 1. Screens residents prior to admission to a facility to determine if the facility can meet the resident's needs
    - 2. During residency
        - a. Assists with admission process; reviews rights and responsibilities of resident and facility
        - b. Counseling
            - 1) Has daily contact with resident to determine if social and emotional needs are being met
            - 2) If qualified, provides individual or family counseling—otherwise refers for assistance from qualified professional
        - c. Personal services
            - 1) Financial resources - assists with insurance forms, pensions, social security, etc.
            - 2) Secures aids to daily living (wheelchairs, canes, etc.)

            3) Makes arrangements for outside services to meet resident's needs

      3. Discharge planning

         a. Referrals (home health, long-term care facility, hospital)

         b. Follow-up

   J. Radiology department staff - responsible for aiding physician in diagnosing by use of x-rays

   K. Medical laboratory staff - aid the physician in diagnosing by examining specimens from body

   L. Pharmacy staff - dispense drugs according to physician's prescription and send them to the patient care unit

IV. Lines of Authority - Who Reports to Whom? (ascending order) (II-4)

   A. Immediate supervisor

   B. Head of department

   C. Administrator

V. Summary and Conclusion

   A. Functions and purposes of health care facilities

   B. Health care facilities

   C. Health care team members

   D. Lines of authority

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT I : INTERPERSONAL RELATIONSHIPS AND THE HEALTH CARE TEAM

INTERACTION ITEMS:

1. What are the functions of the health care facility?

2. What are the different types of health care facilities?

3. Who are the health team members and what are their functions?

4. If you encountered a problem that you couldn't handle by yourself, who would you talk to first?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Divide classes into small groups. Assign titles of health care team members. Have students prepare clues that will identify who the team member is. The other teams then guess who the member is based on clues given.

2. Have students role-play lines of authority.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT I : INTERPERSONAL RELATIONSHIPS AND THE HEALTH CARE TEAM

EVALUATION ITEMS:

1. List five functions and purposes of health care facilities.

   a.

   b.

   c.

   d.

   e.

2. Complete the following:

   a. A person who is mentally ill would be admitted to a ______________________________.

   b. Persons who can no longer care for themselves and need supervision would be admitted to a ________________.

   c. Someone who has had an accident and is now paralyzed and needs more treatment to maintain maximum function would be admitted to a ______________________.

   d. Patients who are acutely ill are admitted to a ____________________ for treatment and care.

3. Match the following health care team members with their functions by writing the letter preceding the job duty in the blank corresponding to the correct team member.

   a. Prepares and serves food
   b. Writes orders for medication and treatment
   c. Develops x-rays
   d. Provides daily room care
   e. Supervises volunteers
   f. Provides bedside nursing care
   g. General repair and grounds-keeping
   h. Plans and assigns nursing care
   i. Examines body specimens

   ____ Maintenance personnel
   ____ Activities director
   ____ Physician
   ____ Nurse assistant
   ____ Laboratory technician
   ____ Housekeeping employee
   ____ Nurse (RN/LPN)
   ____ Dietary staff
   ____ X-ray assistant

4. You are working as a nurse assistant in the unit. You discover the medications nurse is taking medication from the resident's supply of medication. You should: (Circle the letter of the correct answer.)

   a. Report this to the charge nurse on the unit
   b. Ignore the situation
   c. Report it to the pharmacy
   d. Tell the nurse you are aware of what she is doing and threaten to report her

5. Your are employed as a laboratory assistant. While working with a resident, you discover some oral medications under his pillow. You would report this to the __________ _____________. (Fill in the blanks.)

6. You are employed as a nurse assistant in the hospital. You have just been evaluated by the charge nurse. You feel your evaluation is very unfair. You should discuss this problem with the: (Circle the letter of the correct answer.)'

   a. Charge nurse on another division
   b. Director of nurses
   c. Charge nurse responsible for your evaluation
   d. Hospital administrator

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

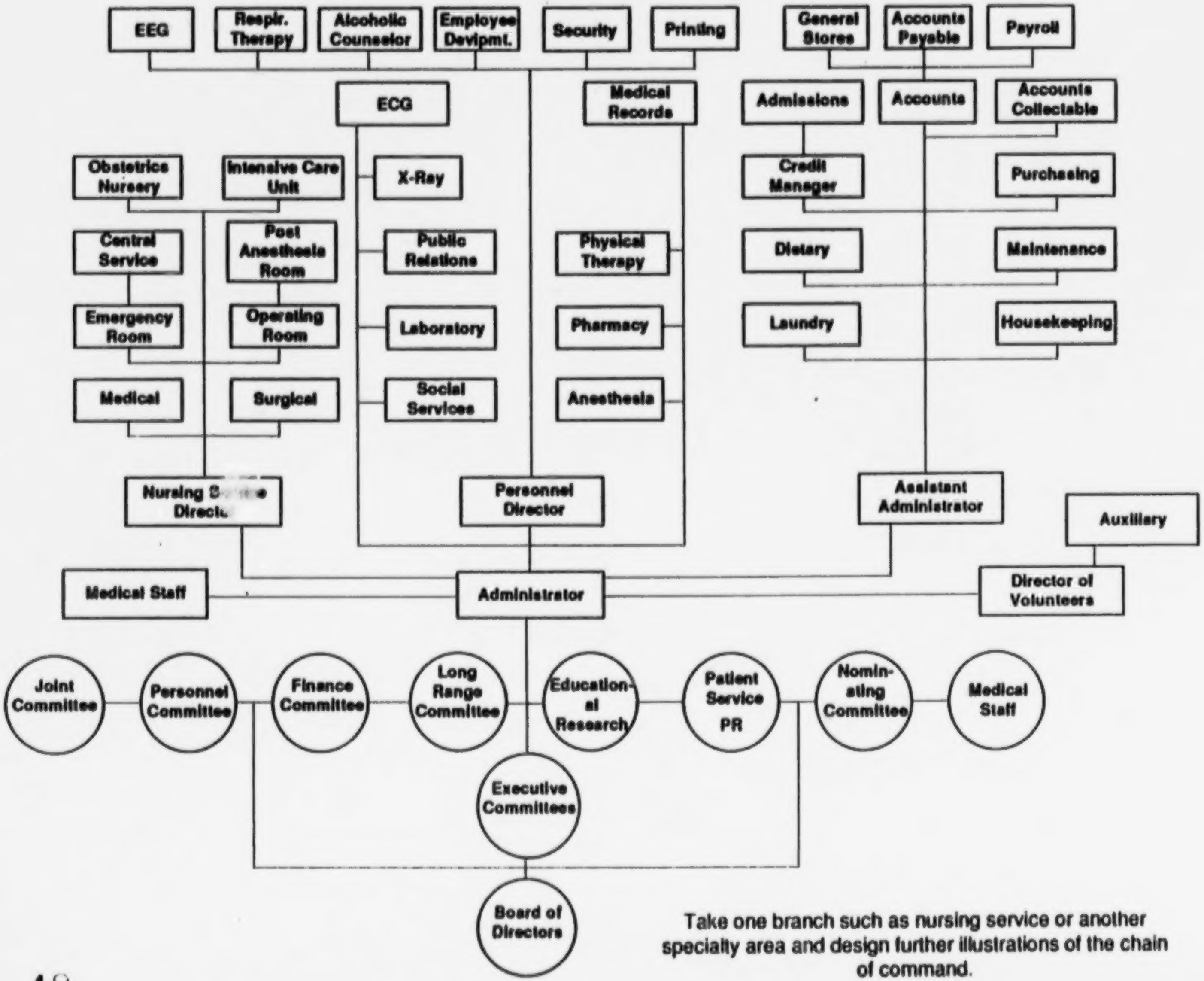
UNIT I : INTERPERSONAL RELATIONSHIPS AND THE HEALTH CARE TEAM

ANSWERS TO EVALUATION ITEMS:

1. a. To provide care for ill and/or injured
   b. To prevent disease
   c. To promote individual and community health
   d. To provide facilities for the education of health care workers
   e. To promote research in the sciences of medicine and nursing
2. a. Mental health facility
   b. Long-term care facility
   c. Rehabilitation clinic
   d. Hospital (acute care)
3. g
   e
   b
   f
   i
   d
   h
   a
   c
4. a
5. the staff nurse
6. c

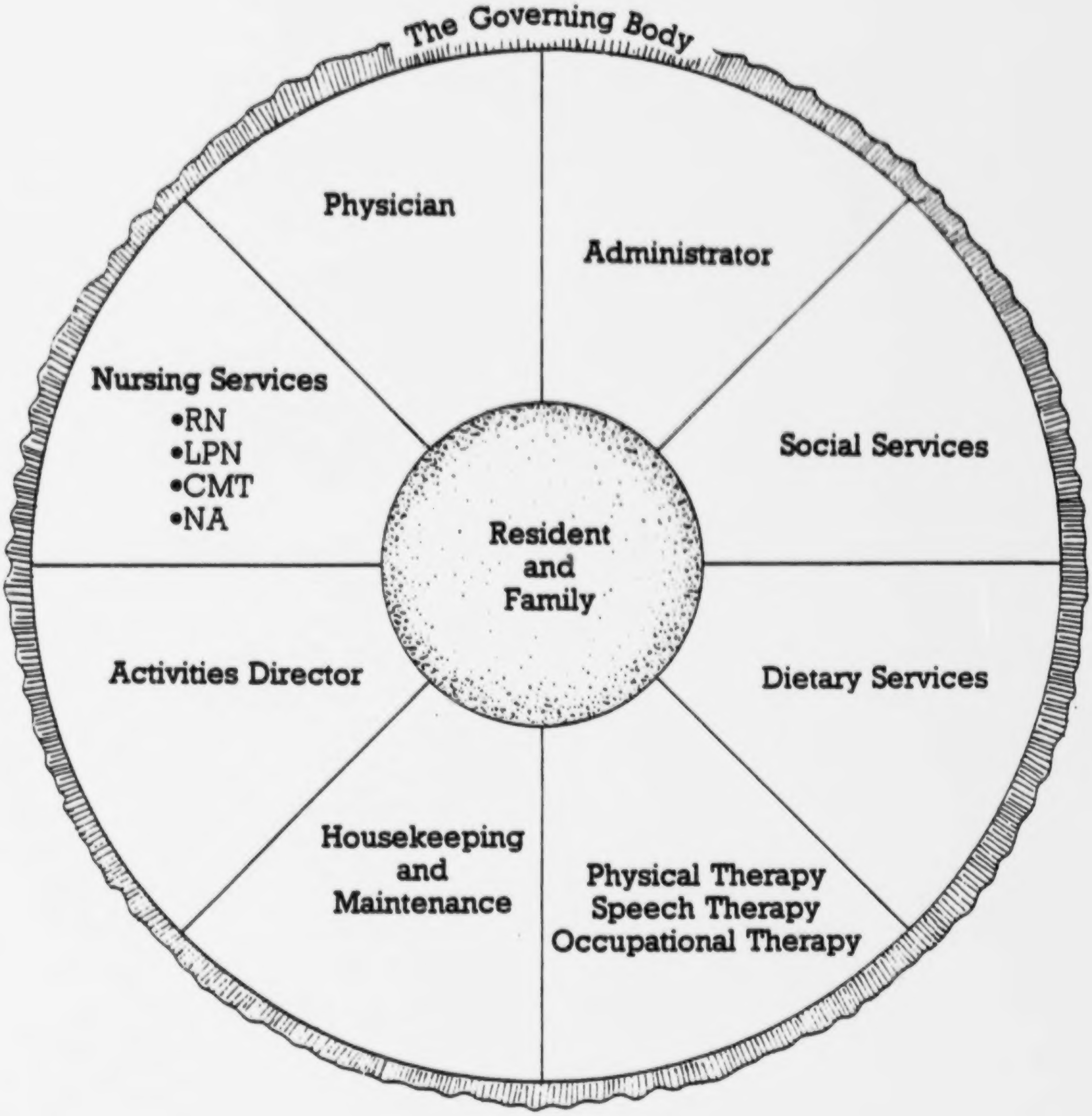
The Health Care Team - ACUTE CARE FACILITY

Organizational Chart


EEG
Respir. Therapy
Alcoholic Counselor
Employee Devlpmt.
Security
Printing
General Stores
Accounts Payable
Payroll
ECG
Medical Records
Admissions
Accounts
Accounts Collectable
Obstetrics Nursery
Intensive Care Unit
X-Ray
Credit Manager
Purchasing
Central Service
Post Anesthesia Room
Public Relations
Physical Therapy
Dietary
Maintenance
Emergency Room
Operating Room
Laboratory
Pharmacy
Laundry
Housekeeping
Medical
Surgical
Social Services
Anesthesia
Nursing Service Director
Personnel Director
Assistant Administrator
Auxiliary
Medical Staff
Administrator
Director of Volunteers
Joint Committee
Personnel Committee
Finance Committee
Long Range Committee
Education-al Research
Patient Service PR
Nomin-ating Committee
Medical Staff
Executive Committees
Board of Directors

Take one branch such as nursing service or another specialty area and design further illustrations of the chain of command.

The Health Care Team - LONG-TERM CARE FACILITY


The Governing Body
Physician
Administrator
Nursing Services
•RN
•LPN
•CMT
•NA
Social Services
Resident and Family
Activities Director
Dietary Services
Housekeeping and Maintenance
Physical Therapy
Speech Therapy
Occupational Therapy

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT I : INTERPERSONAL RELATIONSHIPS AND THE HEALTH CARE TEAM

SCOPE OF UNIT:

This unit covers an overview of course objectives and requirements, effective study habits and test-taking skills, the types of health facilities, the members of the health care team and their functions, the role of the health services assistant relative to the health care team, and ethical and legal responsibilities.

INFORMATION TOPIC: I-3 OR DEMONSTRATION:

ETHICAL AND LEGAL RESPONSIBILITIES
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Match medical/legal terminology to sample situations.
2. Recognize six rights of residents.
3. Recognize instances of abuse and neglect that should be reported to proper authorities.
4. Differentiate between ethical and legal responsibilities.
5. List three rules to follow to prevent legal/ethical problems.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Health Care Personnel - The Law and Ethics
2. HO 2: Resident's Rights
3. HO 3: Abuse and Neglect Reporting

INFORMATIONAL ASSIGNMENT: (Student)

Rosdahl, Caroline Bunker. Basic Nursing. 4th ed., Philadelphia: J.B. Lippincott, 1985.

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986.

REFERENCES: (Instructor's Additional Information)

Rosdahl, Caroline Bunker. Basic Nursing. 4th ed., Philadelphia: J.B. Lippincott, 1985.

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986.

INTRODUCTION:

In this lesson we will discuss the ethical and legal responsibilities you should be aware of as a health services assistant. To accomplish this, we will cite and/or role-play common medical/legal problems; see how they relate to patient's/resident's rights; and learn the appropriate reporting process for dealing with grievances at your facility.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT I : INTERPERSONAL RELATIONSHIPS AND THE HEALTH CARE TEAM

OUTLINE: (Key Points)

I. Medical/Legal Terms and Definitions

   A. Assault - threat or attempt to injure another in an illegal manner

   B. Battery - unlawful touching of another person without his or her consent, with or without resultant injury

   C. Breach - breaking of a law or of any obligation or contract

   D. Conduct - one's actions in general; behavior

   E. Consent - permission granted voluntarily by a person in his or her sound mind

   F. Custom - long-established practice; an accepted behavior

   G. Duty of care - the obligation under law for a health care worker to perform services for a resident which meet the common standards of practice expected in his or her community for a comparable worker

   H. Ethics - the discipline dealing with that which is good and bad and that which is moral duty and obligation

   I. False imprisonment - holding or detaining a person against his or her will or without a physician's orders

   J. Ideal - a standard of perfection or excellence

   K. Invasion of privacy - a civil wrong that unlawfully makes public knowledge of any private or personal information without the consent of the wronged person

   L. Libel - a civil wrong; to communicate in writing defamatory matter about an individual or group to a third party

   M. Malpractice - professional care that has led to injury due to a faulty practice or neglect

   N. Negligence - failure to perform in a reasonably prudent manner or by acceptable health care practices

   O. Privileged communication - any personal or private information which is relevant to a resident's care, given by the resident to medical personnel

P. Slander - spoken statement of false charges or misrepresentations which defames or damages another's reputation

Q. Unethical - not ethical; not representative of ideal behavior

R. Value system - pattern of conduct or ideas that are accepted as worthwhile or meaningful

II. Resident's Rights (HO 2)

- A. Federal
- B. State

III. Abuse and/or Neglect Reporting to State Officials (HO 3)

- A. Information reported
- B. Time limitation
- C. Confidentiality
- D. Investigation procedure
- E. Retaliation procedure

IV. Grievance Procedure for Facility

- A. Written procedure
- B. Complaint designee
- C. Document receipt, resolution, referral

V. Rules to Follow to Prevent Legal/Ethical Problems

- A. Remember that the resident is your responsibility.
- B. Observe the resident's rights and avoid violating them.
- C. Prepare all paperwork properly.
- D. Know your lines of authority. Do only those things which you have been trained and supervised to do.
- E. Find out about liability coverage.

VI. Summary and Conclusion

- A. Medical/legal terms and definitions
- B. Resident's rights
- C. Abuse and/or neglect reporting to state officials

D. Grievance procedure for facility

E. Rules to follow to prevent legal/ethical problems

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT I : INTERPERSONAL RELATIONSHIPS AND THE HEALTH CARE TEAM

INTERACTION ITEMS:

1. What are other examples of medical/legal procedures?
2. What are other examples of resident's rights?
3. How do health services assistants report abuse and/or neglect?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Describe the complaint procedure from the several facilities represented.
2. Role-play some situations which involve legal/ethical conduct.
    a. You have just witnessed a coworker slapping a resident who is resisting being put into bed.
    b. One of your residents is making repeated attempts to go outdoors. In order to keep the resident safe while you give care to another, you tie the resident to a chair.
3. Role-play some situations that involve resident's rights.
    a. A visitor has just given a resident a twenty-dollar bill. You know this confused person cannot manage it safely.
    b. A husband is visiting his wife who is a resident. The door to the room is closed and you need to deliver fresh water.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT I: INTERPERSONAL RELATIONSHIPS AND THE HEALTH CARE TEAM

EVALUATION ITEMS:

Match the following situations to the medical/legal term that applies.

____ 1. Tie resident to chair without order.

____ 2. Unnecessary exposure of resident while preparing to assist with shower.

____ 3. Tell a resident, "If you don't be quiet, I'll tie your hands down."

____ 4. Patient decides to attend church services

____ 5. Discuss resident's diagnosis and treatment with the family.

a. Assault

b. Battery

c. Consent

d. False imprisonment

e. Invasion of privacy

f. Privileged communication

In the space provided, recognize residents' rights by writing "T" if the statement is true, or "F" if the item is false.

Residents have the right to:

____ 6. Read the facility's inspection reports.

____ 7. Receive a verbal explanation of charges.

____ 8. Choose which drug store to supply medications.

____ 9. Receive mail after the receptionist has opened it.

____10. Wear only the facility's gowns and robes.

____11. Spend their own money.

12. One of the residents has been running a temperature of 102° for two days and her condition is worsening. The charge nurse refuses to call the doctor. The administrator says that the nurse knows best. What should you do next?

13. What is the difference between an ethical responsibility and a legal responsibility?

14. List three rules to follow to prevent legal/ethical problems.

a.

b.

c.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT I : INTERPERSONAL RELATIONSHIPS AND THE HEALTH CARE TEAM

ANSWERS TO EVALUATION ITEMS:

1. d
2. e
3. a
4. c
5. f
6. T
7. F
8. T
9. F
10. F
11. T
12. Report to Department of Social Services, Division of Aging.
13. Ethical responsibilities are those which relate to a set of moral principles and values written by and for a profession.
    Legal responsibilities relate to the law. Any violating of legal responsibilities may be taken to court.
14. The student may list any three of the following:
    a. Remember that the resident is your responsibility.
    b. Observe the resident's rights and avoid violating them.
    c. Prepare all paperwork properly.
    d. Know your lines of authority. Do only those things which you have been trained and supervised to do.
    e. Find out about liability coverage.

HEALTH CARE PERSONNEL - THE LAW AND ETHICS

As an employee in the health care occupations, it is important for you to be aware of your legal and ethical responsibilities to prevent medical/legal problems.

When you provide care to residents in any way or have access to their records, you are expected to maintain their confidence and trust. Any violation of a resident's trust and confidence may be defined as an illegal or immoral act.

There are certain laws which protect residents when entering the hospital or other health care facilities. The resident voluntarily signs an admission agreement giving his or her consent for treatment and care. Special consent forms are again required for special procedures. Always remember to check the chart for these forms and make sure they are signed when required.

Some possible situations for legal problems might be:

1. Restraining a resident: Are the restraints for the protection of the resident or the personnel? Must have a physician's order.
2. Assault (threat to harm): Telling a resident, "If you don't be quiet, I'll tie your hands down."
3. Gossiping about residents may be defined as "defamation of character" or "defamation by slander."
4. A written entry in a chart such as "the resident was a cross old crackpot today" could be interpreted as written as defamation and "libel."
5. Personal information about residents comes under the classification of "privileged information."
6. In the long-term care facility, a surveyor may want to look at a resident's skin. Without the resident's consent or proper screening, this would be "invasion of privacy."

As a health care worker, you must be familiar with certain legal and ethical terms. The following list of terms will assist you in understanding your responsibility.

1. Assault: Threat or attempt to injure another in an illegal manner
2. Battery: Unlawful touching of another person without his or her consent, with or without resultant injury
3. Consent: Permission granted voluntarily by a person in his or her sound mind

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4. Duty of Care: The obligation under law for an employee to perform services for a resident which meet the common standards of practice expected in his or her community for a comparable worker

5. Ethics: The discipline dealing with that which is good and bad and that which is moral duty and obligation

6. False Imprisonment: Holding or detaining a person against his or her will or without a physician's orders

7. Invasion of Privacy: A civil wrong that unlawfully makes public knowledge of any private or personal information without the consent of the wronged person

8. Libel: A civil wrong; to communicate in writing defamatory matter about an individual or group to a third party

9. Malpractice: Professional care that has led to injury due to a faulty practice or neglect

10. Negligence: Failure to perform in a reasonably prudent manner or by acceptable health care practices

11. Privileged Communication: Any personal or private information which is relevant to a resident's care, given by the resident to medical personnel

12. Slander: Spoken statement of false charges or misrepresentations which defames or damages another's reputation

13. Breach: Breaking of a law or of any obligation or contract

14. Custom: Long-established practice; an accepted behavior

15. Conduct: One's actions in general; behavior

16. Ideal: A standard of perfection or excellence

17. Unethical: Not ethical; not representative of ideal behavior

18. Value system; behavior: Pattern of conduct or ideas that are accepted as worthwhile or meaningful

Legal documents are documents which are accepted in the courts of law as evidence of truth, e.g., patient's chart is a legal record and can come under scrutiny of the system. The "signed consent" also is a legal record. A will is a legal document, for it must be signed in ink and signed voluntarily by the resident who must be of sound mind with the signing witnessed by at least two persons over 21 years of age.

You can prevent legal and ethical problems from occurring while caring for residents by observing the following rules:

1. Remember that the resident is your responsibility.
2. Observe the resident's rights and avoid violating them.
3. Prepare all paperwork properly.
4. Know your lines of authority. Do only those things which you have been trained and supervised to do.
5. Find out about liability coverage.

RESIDENT'S RIGHTS

1. The resident has the right to be informed at the time of admission of his/her rights and the rules and regulations of the facility. The resident must sign a statement which verifies that he/she knows his/her rights and the rules and regulations. A copy of the resident's rights must be available for the resident, and rules and regulations of the facility must be available for the resident to read.

2. The resident has a right to be informed of services of the facility and the charges for those services if they are not covered in the daily room charge. The resident must be informed in writing of charges and of rate changes during his/her stay. The resident has the right to choose his/her own supplier for services not included in the daily rate.

3. The resident has the right to be informed of his/her medical condition and has the right to participate in planning his/her medical treatment.

4. The resident has the right to be transferred or discharged only for medical reasons, for his/her welfare, or that of other residents. The resident must be given 10 days notice of transfer or discharge.

5. The resident may exercise his/her rights as a citizen and as a result may voice grievances and recommend changes in policies. The resident has the right to see copies of inspections, deficiencies.

6. The resident has the right to manage his/her own personal finances or be given a quarterly accounting of financial dealings made on the resident's behalf. The facility must keep a separate account for each resident and $25.00 in petty cash for each resident. The facility must return funds and possessions within five days after the resident's discharge.

7. The resident has the right to be free from mental and physical abuse and free from chemical and physical restraints except as ordered by a physician. The facility must have a policy which defines the use of chemical and physical restraints.

8. The resident has the right to confidential treatment and may approve or refuse the release of records to anyone outside the facility.

9. The resident has the right to be treated with consideration, respect, dignity, and privacy in the care of his/her personal needs. The facility shall permit a resident to meet alone with persons of his/her choice and provide an area which assures privacy.

10. The resident has the right not to be required to perform services for the facility that are not for therapeutic purposes in the plan of care.

11. The resident has the right to communicate with persons of his/her choice and to send and receive personal mail unopened. The resident shall have access to a telephone to make and receive calls.

12. The resident has the right to meet with and participate as well as not participate in activities of social, religious, and community groups at his/her discretion unless medically contraindicated.

13. The resident has the right to keep and use personal clothing and possessions as space permits.

14. The resident, if married, has the right to privacy for visits by his/her spouse. If both parties are residents of the home they will be permitted to share a room unless medically contraindicated.

15. The resident is allowed the option of purchasing or renting goods and services not included in the monthly per diem rate from a supplier of his/her own choice, provided the quality of the goods and services meets the reasonable standards of the facility.

ABUSE AND NEGLECT REPORTING

The Omnibus Nursing Home Act includes a section regarding the reporting of abuse or neglect.

Section 198.070

1. Beginning January 1, 1980, mandated reporters shall report immediately or cause a report to be made to the Department of Social Services. The mandated reporters include any physician, dentist, chiropractor, optometrist, podiatrist, intern, nurse, medical examiner, social worker, psychologist, minister, Christian Science practitioner, peace officer, pharmacist, physical therapist, facility administrator, nurse's aide, or orderly in a facility, or employee of the Department of Social Services or of the Department of Mental Health.

2. The report shall contain the name and address of the facility, the name of the resident, information regarding the nature of the abuse or neglect, the name of the complainant, and any other information which might be helpful in an investigation.

3. If a mandated reporter fails to report or cause a report to be made, he/she could be found guilty of an infraction. An infraction is a fine of up to $200.00.

4. Any other person having reasonable cause to believe that a resident has been abused or neglected may report such information to the department.

5. All reports should be made to the Division of Aging Elderly Abuse and Neglect Hotline. The toll free telephone number is 1-800-392-0210.

6. Upon receipt of a report, the department shall initiate an investigation within 24 hours.

7. If the department has reasonable cause to believe that immediate removal of the resident is necessary to protect the resident from abuse or neglect, the department or local prosecuting attorney may file a petition for temporary care and protection of the resident in a circuit court. The circuit court may issue an ex parte order granting the temporary care for a period not to exceed 30 days.

8. Reports shall be confidential, shall not be deemed a public record, and shall not be subject to the provisions of section 109.180, RSMo, chapter 610, RSMo. The name of the complainant or any person mentioned in the reports shall not be disclosed unless:

    a. the complainant or the resident mentioned agrees to disclosure;

    b. the department determines disclosure of a resident's name is necessary to prevent further abuse or neglect of the resident;

c. the department determines that disclosure of the name of the facility employee is necessary to prevent further abuse or neglect;

d. release of a name is required for conformance with a valid subpoena or in connection with a review by the administrative hearing commission.

9. Anyone who makes a report of abuse or neglect or who testifies in any administrative or judicial proceeding arising from the report shall be immune from any civil or criminal liability unless the report was made in bad faith or with malicious purpose.

10. No person who directs or exercises any authority in a facility shall evict, harass, dismiss, or retaliate against a resident or employee because he or any member of his family has made a report of any violation or suspected violation of laws, ordinances, or regulations applying to the facility which he has reasonable cause to believe has been committed or has occurred.

11. Any person who knowingly abuses or neglects a resident of a facility shall be guilty of a class D felony.

12. The department shall maintain a record of the names of any persons who have been determined by the department to have knowingly abused or neglected a resident while employed in any facility. The department shall not include any name in such record until after an investigation of the allegation has been made and the person alleged to have knowingly abused or neglected a resident has been notified in writing mailed to the last known address of the person.

The person will be informed that an allegation has been made and that an investigation tends to substantiate the allegation. The person will also be informed that his/her name will be included in the record of the department as having knowingly abused or neglected a resident and the consequences of being so listed. The person has a right to challenge the allegation. If no reply has been received within thirty days of mailing the notice, the department may include the name of each person in its record. If the person, so notified, wishes to challenge the allegation, he/she may file an application for a hearing with the department. The department shall grant the application within thirty days after receipt by the department and set the matter for hearing. The hearing shall be conducted in the county of the person's residence by the Director of the Division of Aging or his/her designee. The person appealing such an action shall be entitled to be present at the hearing, in person and by attorney or representative, and shall be entitled to introduce into the record of such hearing any and all evidence, by witnesses or otherwise.

The Director of the Division of Aging shall review all of the evidence in the appeal record and shall determine whether the person knowingly abused or neglected a resident. The Director of the Division of Aging shall include a statement of findings pertinent to the questions of issue. If the person fails to appeal the department's findings, those findings shall constitute a final determination that the person has knowingly abused or neglected a resident.

13. Any person who disagrees with the decision made by the Director of the Division of Aging may appeal to the circuit court of the county in which such person resides within ninety days from the date of the action and decision appealed from. Section 198.070.13 explains how to file the appeal with the circuit court.

14. The Division of Aging will provide licensed operators with the names of persons who knowingly abused or neglected a resident. No operator shall knowingly employ in direct resident care any person who has been determined to have knowingly abused or neglected a resident and whose name is listed in the records maintained by the Division of Aging.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT II : UTILIZING COMMUNICATION AND OBSERVATION SKILLS

SCOPE OF UNIT:

This unit will introduce effective communication skills — including telephone techniques, observing, reporting and recording pertinent information, the use of the care plan, an introduction to medical terminology and a basic overview of the metric system.

INFORMATION TOPIC: II-1 OR DEMONSTRATION:

COMMUNICATION SKILLS
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Define the term communication.
2. Define the term aphasia.
3. Define verbal and nonverbal communication.
4. List four examples of verbal communication.
5. Identify examples of nonverbal communication.
6. Identify barriers that prevent communication.
7. Recognize other factors which interfere with communication.
8. Differentiate between hearing and listening.
9. List factors which promote effective communication.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: How to be a Good Listener
2. Trainex filmstrip PC 294: "Verbal Barriers to Communication"
3. Trainex filmstrip PC 293: "Effective Listening"
4. Trainex filmstrip PC 290: "Effective Speakers"
5. Trainex filmstrip PC 295: "Non-verbal Barriers to Communication:
6. Bell Telephone Company film: "Telephone Etiquette"

INFORMATIONAL ASSIGNMENT: (Student)

McGough, Elizabeth. Understanding Body Talk. New York: Scholastic Book Services, 1975.

Rosdahl, Caroline Bunker. Basic Nursing. 4th Ed. Philadelphia: J. B. Lippincott, 1985.

Schniedman, Rose, et al., Being a Nursing Assistant. 4th ed. The Robert J. Brady Co., 1986.

Simmers, Louise. Diversified Health Occupations. St. Louis: Delmar Publishing, Inc., 1983.

REFERENCES: (Instructor's Additional Information)

Rosdahl, Caroline Bunker. Basic Nursing. 4th ed. Philadelphia: J.B. Lippincott, 1985.

Schniedman, Rose, et al., Being a Nursing Assistant. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986.

Schwartz, Estelle and Lillian Potter. Foundations of Patient Care. Philadelphia: J. B. Lippincott, 1981.

INTRODUCTION:

Communication is always a two-way process consisting of a sender and a receiver. As a health care worker, you will be communicating with your residents and allowing them to communicate with you. It is important that you remember communication is a means by which you and your residents reach each other. You must allow the residents to talk to you and listen carefully to what they are saying. There are two types of communication - verbal and nonverbal. We will discuss both verbal and nonverbal communications in this lesson.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT II: UTILIZING COMMUNICATION AND OBSERVATION SKILLS

OUTLINE: (Key Points)

I. Terms and Definitions

   A. Communication - the exchange of information accomplished by sending and receiving messages

   B. Aphasia - total or partial inability to speak, write, or understand the spoken word due to injury or disease of certain brain cells

II. The Five Elements of Communication

   A. Sender

      1. Source of information

      2. May be a tape recorder, television, radio, or record player

   B. Message - the information which is to be sent

   C. Channel of transmission

      1. If the message is spoken, it travels by sounds waves to the listener.

      2. If the message is written or gestured, it requires light.

   D. Receiver (listener) - someone or something "hearing" the message

   E. Response

      1. A person tries to understand and respond to the message.

      2. If the receiver is a machine, its response may be a click.

III. Verbal Communication (II-1)

   A. Definition - usually a voluntary act which transmits a message using a language

   B. Examples of verbal communication

      1. Telephone conversations

      2. Delivering and receiving messages

      3. Greeting residents and visitors

        4. Making appointments

IV. Nonverbal Communication (II-2)

    A. Definition - does not depend upon words; expresses feelings or emotions in other ways

    B. Examples of nonverbal communication

        1. Facial expression

            a. Smile

            b. Frown

            c. Twist of the mouth

            d. Raised eyebrows

        2. Gestures and body movements

            a. Shrug of the shoulder

            b. Hand movements

        3. Posture of the body

            a. Hunching over

            b. Standing straight

        4. Tone of voice

            a. Sarcastic

            b. Friendly

        5. Smells

            a. Unpleasant odors

            b. The smell of fresh air

        6. Space

            a. Distance between two people as they talk

            b. How close a health care worker gets to the resident

7. Silence
    a. Approving
    b. Sympathetic
    c. Hostile
8. Touch
    a. Gentle
    b. Rough

V. Barriers that Prevent Communication (II-3)

A. Changing the subject

B. Voicing your opinion about the person and his/her situation without being asked

C. Belittling a person's feelings

D. Seeming to be too busy or preoccupied to communicate

E. Jumping to conclusions before you know the entire story

F. Giving false or inappropriate reassurances

G. Causing fear of an unpleasant response

VI. Other Factors Which Interfere with Communication

A. Deafness

1. Description - may be slight to total
2. Loss of interest in group activity, in other persons, or in what the health care professional is saying
3. Apparent disregard for directions or suggestions
4. An attempt to lip read
5. Nursing action
    a. Allow resident time to adjust hearing aid (if applicable).
    b. Speak slowly and distinctly.

B. Difficulty in speaking

1. Description - may be slight slowing of speech due to aphasia (total or partial inability to use words)

    2. Hardening of the arteries causes interference with circulation to the speech center of the brain; may be the cause of speech difficulties in the geriatric patient.

    3. May know what he/she wants to say, but is unable to say it

    4. May be denying feelings related to chronic disease

    5. Nursing action

        a. Explain instructions and information in simple terms.

        b. Explain treatments carefully.

C. Difficulty in understanding

    1. Description - slow to understand the meaning of words, even if patient's hearing is unimpaired

    2. Lack of blood circulating to the brain causes the older resident to become less alert.

    3. After a mild stroke, certain words may be completely lost.

    4. May pretend to understand by smiling and nodding head

D. A different language

    1. Youth and the elderly may have a different understanding of language

    2. Plane/plain

        a. To youth - a flying vehicle

        b. To elderly - wide, open fields

E. Blindness

    1. Communicate with speech if the patient can hear.

    2. Touch

VII. How Hearing and Listening Differ (HO 1)

A. Hearing is defined as a passive awareness of sound.

B. Listening is defined as an active, conscientious attempt to hear what the message is and what is means.

C. Nursing action

1. Concentrate and pay close attention to what is being said and done.

2. Always look directly at the person who is speaking.

3. Be alert when listening.

4. Try to put aside your own prejudices and values.

VIII. Communicating Effectively (II-4)

A. Show an interest in talking with the resident.

B. Allow time for talking.

C. Pace yourself to the speed at which the resident talks.

D. Try to get at the person's eye level and stay within sight.

E. Explore the reasons why communication is not occurring, if this is so.

F. Remember that when you communicate, you are not only conveying words but also your attitudes and feeling about yourself and others.

G. Reminiscence is a form of communication.

   1. It provides a way of reviewing life and preparing for death.

   2. The health services assistant should listen to resident's stories.

IX. Summary and Conclusion

A. Terms and definitions

B. The five elements of communication

C. Verbal communication

D. Nonverbal communication

E. Barriers that prevent communication

F. Other factors that interfere with communication

G. How hearing and listening differ

H. Communicating effectively

Remember, in order to be a helpful, you must learn to communicate with the resident. If at any time you have difficulty communicating with him/her, try to determine the cause of that lack of communication. Is it due to some disorder which the resident has, or is it due to your lack of effective communication skills?

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT II : UTILIZING COMMUNICATION AND OBSERVATION SKILLS

INTERACTION ITEMS:

1. What is the difference between verbal and nonverbal communication?
2. What are some examples of nonverbal communication?
3. Can you give me an example of an event that would prevent communication with a resident?
4. Can you give me an example of a way to promote communication with a depressed resident?

CLASSROOM, LABORATORY OR OTHER ACTIVITIES:

1. Show supplementary filmstrips/films.
2. Role-play situations involving verbal/nonverbal communication.
3. Play communications game by writing story on paper, whisper to next person and pass around group. Discuss how the message has changed from the first sender to the final receiver.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT II : UTILIZING COMMUNICATION AND OBSERVATION SKILLS

EVALUATION ITEMS:

1. Define the term communication.

2. Define the term aphasia.

3. Define verbal communication.

4. Define nonverbal communication.

5. List four examples of verbal communications.

   a.

   b.

   c.

   d.

6. Identify which of the following are examples of nonverbal communication.

   1. Facial expression
   2. Gestures and body movement
   3. Excessive loud speech
   4. Touch

   Circle correct answer below.

   a. 1, 2, and 3
   b. 2, 3, and 4
   c. 1, 2, and 4
   d. 1, 3, and 4

7. All of the following are barriers which prevent communication, except one. Which one is not a communication barrier? (Circle the correct answer.)

   a. Changing the subject
   b. Concentration and paying close attention to what is being said and done
   c. Voicing your opinion about the person and his/her situation without being asked
   d. Belittling a person's feelings

In the space provided, write "T" if the statement is true, or "F" is the statement is false.

____ 8. An apparent disregard for directions or suggestions may be a sign of deafness.

____ 9. A person with a speech problem may know what he/she wants to say but is unable to say it.

____10. After a mild stroke, certain words may be lost completely and the resident may pretend to understand by smiling and/or nodding his/her head.

____11. It is important to use the nonverbal communication technique of touching when communicating with the patient.

____12. Always look directly at the resident who is speaking to you.

13. Differentiate between hearing and listening.

14. List at least four methods of communicating effectively.

a.

b.

c.

d.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT II : UTILIZING COMMUNICATION AND OBSERVATION SKILLS

ANSWERS TO EVALUATION ITEMS:

1. Communication is the exchange of information accomplished by sending and receiving messages.
2. Aphasia is the total or partial inability to speak, write, or understand the spoken word due to injury or disease of certain brain cells.
3. Verbal communication is usually a voluntary act which transmits a message.
4. Nonverbal communication is an expression of feelings or emotions which does not depend on words.
5. a. Telephone conservation
   b. Delivering and receiving messages
   c. Greeting patients and visitors
   d. Making appointments
6. c
7. b
8. T
9. T
10. T
11. T
12. T
13. Hearing is a passive awareness of a sound; listening is an active attempt to hear what the message is and what it means.
14. The student may list any four of the following:
    a. Show an interest in talking with the resident.
    b. Allow time for talking.
    c. Pace yourself to the speed at which the resident talks.
    d. Try to get at the person's eye level and stay within sight.
    e. Explore the reasons why communication is not occurring, if this is so.
    f. Remember that when you communicate, you are not only conveying words but also your attitudes and feeling about yourself and others
    g. Reminiscence - listen to resident's stories

HOW TO BE A GOOD LISTENER

1. STOP TALKING!
You cannot listen if you are talking.

2. PUT THE SPEAKER AT EASE.
Help the speaker feel free to talk. Provide what is often called "permissive environment."

3. SHOW THE SPEAKKER THAT YOU WANT TO LISTEN.
Look and act interested. Do not read your mail while someone is talking. Listen to understand rather than to reply.

4. REMOVE DISTRACTIONS.
Don't doodle, tap, or shuffle papers. Shut the door if it will be quieter.

5. EMPATHIZE WITH THE SPEAKER.
Try to put yourself in the speaker's place so that you can see that point of view.

6. BE PATIENT.
Allow plenty of time. Do not interrupt. Do not start for the door or walk away.

7. HOLD YOUR TEMPER.
An angry person gets the wrong meaning from words.

8. GO EASY ON ARGUMENT AND CRITICISM.
Do not put the speaker on the defensive. The speaker may "clam up" or get angry. Try not to argue; even if you win, or lose!

9. ASK QUESTIONS.
Encourage the speaker and show you are listening. Questions also help to develop further points.

10. STOP TALKING!
This is first and last, because all other listening skills depend upon it. You just can't do a good listening job while you are talking!

Nature gave people two ears but only one tongue, which is a gentle hint that listening is more important than talking!

Major benefits of good listening are:

- A good listener can make better decisions.
- A good listener saves time.
- Listening helps the speaker determine how well the message is being received.
- A good listener stimulates others to better speaking.
- Good listening decreases misunderstanding.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT II : UTILIZING COMMUNICATION AND OBSERVATION SKILLS

SCOPE OF UNIT:

This unit will introduce effective communication skills including telephone techniques, observing, reporting and recording pertinent information, the use of the care plan, an introduction to medical terminology, and a basic overview of the metric system.

INFORMATION TOPIC: II-2 OR DEMONSTRATION:

BASIC TELEPHONE TECHNIQUES
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. List two criteria for answering incoming telephone calls.
2. List three steps in taking a phone message.
3. Identify the proper method of terminating a telephone conversation.
4. Identify ineffective telephone techniques.
5. Identify effective telephone techniques.
6. Given two hypothetical situations, involving telephone techniques, describe how the health services assistant would respond correctly and professionally to each.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Telephone Techniques for the Health Professional

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INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Hroneck, Dennis. Radiology Aide. Columbia: Instructional Materials Laboratory, University of Missouri-Columbia, 1987.

INTRODUCTION:

A person who is trained in proper use of the telephone can have a positive effect on building a professional atmosphere in the work place. The telephone conversation may be the only contact with the caller. Over the telephone, we do not have the advantage that we have in person when we are able to smile, use friendly gestures, and offer a warm handshake. On the phone, we must make up the difference with our voice and how well we come across to the caller. Remember, the person calling cannot see you and can only judge you and your place of employment through the all-important telephone conversation.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT II : UTILIZING COMMUNICATION AND OBSERVATION SKILLS

OUTLINE: (Key Points)

I. Criteria for Answering Telephone Calls (HO 1)

   A. Answer the phone on the first ring, if possible.

   B. Identify the department or office by name.

   C. Identify yourself by your first and last name, and title.

   D. Follow up with an appropriate phrase like "How may I help you?"

   E. Find a pencil and piece of paper as you are starting the conversation and introducing yourself. "This is the _______ department; _______ speaking, may I help you?" By this time, you should have located a note pad and pencil or pen.

   F. Display courtesy. (II-1)

      1. Use a natural and sincere manner of speaking.

      2. Use a friendly tone of voice.

      3. Develop the attitude of wanting to help other people. This positive attitude will come across on the phone.

      4. Do not use standard phrases like, "Have a nice day," over and over again for every caller. Say something original that is appropriate to the person calling.

II. Taking a Telephone Message

   A. Determine the purpose of the call by listening to the caller and asking questions for clarification.

   B. Always obtain the caller's name and phone number if he/she is leaving a message or making an appointment.

   C. Repeat the information contained in the message back to the caller to make sure it is accurate.

III. Termination of Telephone Calls

   A. End the call in a sincere and agreeable manner.

   B. Let the caller know that you were glad to be of service.

C. Try to allow the caller to hang up first.

IV. Effective Telephone Techniques

A. Answer promptly.

B. Be prepared to take notes.

C. Repeat the caller's name frequently.

D. Space outgoing calls to allow incoming calls to come through.

E. If you must put someone on hold, take the name and number of the second caller and return to the first caller, apologizing for the delay.

F. If it is necessary to leave the phone, tell the caller how long you will be gone. Upon returning, greet the caller by name again and apologize for any unavoidable delay.

G. Speak distinctly and unhurriedly.

V. Ineffective Telephone Techniques (II-2)

A. Do not just say "Hello." State your department name and then your name and title followed by a statement like "May I help you?"

B. Do not say "Hold on for just a second." Say, "I will need to put you on hold for a minute or two Mr./Mrs./Ms ______. I will be right back."

C. Never provide patient information to callers, even if they say they are representing the patient. The only exception to this is if you know the person to whom you are speaking, and he or she is privileged to have the information (i.e., the patient's doctor or doctor's nurse calls and wants an oral report).

D. Never contradict or argue with a caller.

E. Do not ever say no to an emergency, even though the caller may think it is an emergency and you may not think so. Meet the caller's needs.

F. Avoid losing your poise by becoming angry.

G. Do not discuss fees or charges over the phone, unless authorized to do so.

H. Do not say "The doctor is busy." Say, "The doctor is with a patient and cannot come to the phone at this time. Is there anything that I may be able to do to help you?"

I. Never hang up on someone out of anger or frustration.

J. Avoid using slang words and phrases and giving casual responses.

   1. "Okay." Instead say, "Yes, that is alright," or "Yes, I understand."

   2. "Yeah." Instead say, "Yes."

   3. "Ya know?" Instead say, "Do you know?" or "Do you understand?"

VI. Summary and Conclusion

   A. Criteria for answering telephone calls

   B. Taking a telephone message

   C. Termination of telephone calls

   D. Effective telephone techniques

   E. Ineffective telephone techniques

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT II : UTILIZING COMMUNICATION AND OBSERVATION SKILLS

INTERACTION ITEMS:

1. Why is it important to smile and exhibit a positive and professional attitude just before answering the phone, no matter what is happening at the time?

2. What are some of the irritating things that people in a business have done when you spoke on the telephone to them for business purposes?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Using two phones, role-play the following: (You may wish to tape record the role-plays so that students can listen to them later.)

   a. An irritated caller wants to talk to the doctor and does not really want to be put off.

   b. An attorney or insurance agent has called and is asking about the resident's diagnostic report and how many procedures were done.

   c. A resident calls asking you to recommend the best doctor to go to for a particular problem.

   d. A person calls and wants to tell you at length about her/his illness and the many exams that she/he has had, and will be having, and, and, and, and, etc.

   e. Someone calls asking for the cost of a procedure.

2. See if the class can come up with additional slang words or phrases to be avoided when processing a telephone call. Try to determine the correct, professional version of the same thing.

3. Practice answering the telephone, and see who sounds the most professional and positive. Students will be able to hear different styles and perhaps get the opinion of other students in class about how they sound on the phone and the effectiveness of the techniques that they use.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT II : UTILIZING COMMUNICATION AND OBSERVATION SKILLS

EVALUATION ITEMS:

1. List two criteria for answering the telephone in a business or professional setting.

   a.

   b.

2. State the three steps in taking a phone message.

   a.

   b.

   c.

3. How should you properly terminate a telephone conversation? (Circle the letter of the best answer.)

   a. Hang up on the caller before he/she has finished talking.

   b. Say "Good-bye" and hang up.

   c. Tell the caller that he/she should try to come in person next time since you do not have time to keep answering the phone.

   d. Let the caller know that you are interested in him/her as a person by saying, "Thank you Mr./Mrs./Ms. _____ for calling. If there is anything else that I can help you with in the future, please let me know." Then wait for the caller to hang up.

   e. Tell the caller you are sorry you cannot talk longer but you have to go now because you are busy. Thank him/her for calling and say, "Have a nice day."

The following statements are examples of telephone techniques. Place the letter "I" in the blank if the statement is an example of an ineffective telephone technique, or the letter "E" if it is an example of an effective telephone technique.

____ 4. Wait until the phone rings at least twice before you answer it.

____ 5. If someone has a message to give you, tell them to hold on until you can find a pencil or pen to write with.

____ 6. If you are making several outgoing calls, space them several minutes apart so that people calling in will not keep getting a busy signal.

____ 7. If you are too busy to talk, tell the person to call back later.

____ 8. Repeat the caller's name, Mr./Mrs./Ms. ______, in the conversation.

Write a short answer to each of the following situations.

9. A patient's attorney calls and states that he/she is preparing for a hearing and is scheduled for court tomorrow. He/she needs the list of exams that were completed on his/her client the previous week. How would you respond to this request?

10. Someone calls and demands to talk to the doctor immediately. The doctor is with a patient. The caller is becoming increasingly irritated. How would you handle such a call?

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT II : UTILIZING COMMUNICATION AND OBSERVATION SKILLS

ANSWERS TO EVALUATION ITEMS:

1. The student may list any two of the following:
   a. Answer the phone on the first ring, if possible.
   b. Identify the department or office by name.
   c. Identify yourself by your first and last name, and title.
   d. Follow up with an appropriate phrase like "How may I help you?"
   e. Find a pencil and piece of paper as you are starting the conversation and introducing yourself. "This is the _____ department; ______ speaking, may I help you?" By this time, you should have located a note pad and pencil or pen.
   f. Display courtesy.
      1. Use a natural and sincere manner of speaking.
      2. Use a friendly tone of voice.
      3. Develop the attitude of wanting to help other people. This positive attitude will come across on the phone.
      4. Do not use standard phrases like, "Have a nice day," over and over again for every caller. Say something original that is appropriate to the person calling.

2. a. Determine the purpose of the call by listening to the caller and asking questions for clarification.
   b. Always obtain the caller's name and phone number if he/she is leaving a message or making an appointment.
   c. Repeat the information contained in the message back to the caller to make sure it is accurate.

3. d
4. I
5. I
6. E
7. I
8. E

9. Answers will vary, but should point out that the confidential nature of such information does not allow the person answering the phone to discuss the patient's examinations over the phone. This would require the attorney to have a release signed by the patient.

10. Answers will vary, but should state that the correct way to handle this situation would be to calmly explain that the doctor is with a patient and cannot come to the phone, but would be able to return the call later. Take the caller's name and number, reading the information back for verification, then ask if there is anything else you can do to help.

TELEPHONE TECHNIQUES FOR THE HEALTH PROFESSIONAL

The health professional must have a thorough knowledge of how to use the telephone. Never underestimate the importance of projecting a positive, professional image through your telephone personality. Remember, the caller cannot see you, and can only judge you by how you sound over the phone. Your professional voice and good telephone manners are essential elements in making a good impression.

There is a great difference between telephone conversation and face to face conversation. The friendly smile, congenial personality and warm gestures are not as apparent when meeting by telephone. Positive voice to voice meeting are created by the natural and sincere manner in which you speak. Avoid overused words or repetitious phrases, which tend to give the impression of insincerity. It is essential to give prospective as well as regular patients the impression that they are receiving personal attention and individual consideration.

In your role as a receptionist, you have many opportunities to relieve your employer of details and protect his/her prestige. Your job is doubly important on the telephone because you are representing a business. An employer depends on the receptionist to intercept and screen calls, and in many cases, handle the call rather than interrupt a doctor or other practitioner. No matter what the situation, you should always be pleasant, tactful, and diplomatic.

THE THREE PARTS OF THE TELEPHONE CALL

1. Identification (introduction)
    a. Answer promptly, make the first impression a favorable one by answering on the first ring.
    b. Provide proper identification. Identify your place of work and then state your first and last name and title. It is important to let the caller know that he or she has reached the right person.
    c. Answer in the manner in which your employer wishes you to—usually by saying, "This is the ______ department; ______ speaking, may I help you?"
    d. Do not answer with a number of an extension, i.e., "This is extension 671."
    e. Establish a courteous and friendly attitude.
    f. Be prepared to take written messages by having a pencil and note pad available.
2. Body of the call (purpose)
    a. This is the reason for the call, such as to make arrangements or plans, or to find out specific information.

    b. Always obtain the caller's name and telephone number.
    c. If the caller is a new client, ask who referred him/her.
    d. Never use the term "cancellation." It has a negative and harsh sound. Instead of "We have a cancellation," say, "We can get you in at ______________."
    e. When taking a message, be accurate. Repeat the information to the caller to assure him/her that you have the correct information.
    f. If the caller is a new client, obtain address, phone number of home and business, and the correct spelling of his/her name.

3. Termination (conclusion)

    a. End the call in a sincere and agreeable manner.
    b. Let the caller know you were glad to be of service.
    c. Let the caller hang up first.

HOLDING THE TELEPHONE

1. Hold the telephone mouthpiece one-half to one inch away from your lips. Your voice is carried more clearly by the telephone if you hold the transmitter close to your mouth and if you speak directly into the phone. A good rule is: if two fingers are placed against the mouth piece and your lips against the fingers, even a person who is hearing impaired will be able to hear due to the vibrations of the transmitter. It is never necessary to shout into the telephone.

2. Never have anything in your mouth. Do not chew on a pencil or gum, and do not smoke.

INEFFECTIVE TELEPHONE TECHNIQUES

1. Never say "hello" without providing proper identification.
2. Never demand information. Ask for information in a courteous manner.
3. Never give out information that may damage your employer's image.
4. Never contradict a client directly (time and day of appointment).
5. Never discuss the habits or problems of one client with another.
6. Never say no to an emergency.
7. Never use the term "okay" or other slang terms.
8. Never lose poise or become angry.
9. Never use the business phone for personal business.

EFFECTIVE TELEPHONE TECHNIQUES

1. Answer promptly.
2. Be prepared to take a message.

3. Be courteous even though a caller may be discourteous.
4. Repeat the caller's name several times during the conversation to give the caller a sense of familiarilty.
5. Space outgoing calls to allow incoming calls to come through.
6. Retain the initiative. Learn when and how to cut off long-winded callers tactfully.
7. If more than one line is ringing and you must ask the caller to hold, take the name and telephone number of the second caller as quickly as possible and return to the first caller, apologizing for the delay.
8. If necessary, have the caller's file containing history and other information at hand. You will be prepared, and the call will be handled much more efficiently.
9. Screen calls in a businesslike manner.
10. If it is necessary to leave the phone, be sure to tell the caller how long you will be gone. Upon returning, greet him/her by name, and if there was an unavoidable delay, apologize.
11. Speak distinctly and unhurriedly.

Remember, the most important part of a telephone call is the closing. Always end your conversation with a few pleasant words: "Thank you for calling. It's good to speak to you again," or "I'm so glad you called that to my attention." By learning and practicing these techniques, you will make the most of a few moments of personal contact between you and someone who needs your help. You will look, sound, and feel professional.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT II : UTILIZING COMMUNICATION AND OBSERVATION SKILLS

SCOPE OF UNIT:

This unit will introduce effective communication skills including telephone techniques, observing, reporting and recording pertinent information, the use of the care plan, an introduction to medical terminology, and a basic overview of the metric system.

INFORMATION TOPIC: II-3 OR DEMONSTRATION:

OBSERVING AND REPORTING
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. List four methods of observation.
2. Recognize changes in resident's usual appearance and behavior.
3. Use guidelines for reporting observation of status change in a resident to charge personnel.
4. Explain how to answer the resident's call light.
5. Explain why the resident's call light should be answered promptly.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Observations to Report to the Instructor/Staff Personnel
2. HO 2: Intervention through Observation
3. Trainex filmstrip: "Observation and Charting"

INFORMATIONAL ASSIGNMENT: (Student)

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986.

REFERENCES: (Instructor's Additional Information)

Rosdahl, Caroline Bunker. Basic Nursing. 4th ed., Philadelphia: J.B. Lippincott, 1985.

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986.

INTRODUCTION:

Making useful observations gives the health services assistant satisfaction and a feeling of achievement. Observation techniques must be practiced each day and require the use of all of your senses. Get in the habit of observing the resident any time you are with him/her. Check the resident from head to toe each day. It is a good idea to carry a pad and pen in your pocket to record observations so you do not forget to report and document them.

Also remember what you learned in Unit I; any personal or private information you obtain from the resident is confidential.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT II : UTILIZING COMMUNICATION AND OBSERVATION SKILLS

OUTLINE: (Key Points)

I. Observation Methods (II-1)

   A. Seeing

      1. Look and think about what you are seeing and what it means.

      2. Observe for skin rash, reddened area, or swelling (edema).

   B. Hearing

      1. Listen to a sound and try to understand what it means.

      2. Listen for a cough or wheezing sound when the patient breathes.

      3. Some changes can be felt and described only by the resident: pain, nausea, dizziness, ringing in the ears, or headache.

   C. Smelling

      1. Smell the odor of a discharge.

      2. Smell the odor of the resident's breath.

      3. A smell of sweet, ripe fruit indicates diabetic coma.

   D. Touching

      1. You can feel signs with your fingers.

      2. Observations made by touching are:

         a. Skin is hot or cold.

         b. Skin is wet, dry, firm, flabby, smooth, coarse, or puffy.

         c. Change in patient's pulse rate

II. Observations to Make

   A. Activities of daily living (A.D.L) (II-2)

      1. Dressing

      2. Grooming

3. Walking
4. Eating
5. Elimination
6. Sleeping

B. Mental condition or mood (II-3)

1. Talking a lot or very little
2. Talking about the future or past
3. Talking about where he/she hurts
4. Anxious and worried
5. Very calm
6. Very excited
7. Talking sensibly
8. Not making sense
9. Speaking rapidly
10. Speaking slowly
11. Cooperative
12. Uncooperative

C. Eating and drinking habits

1. No appetite
2. Likes/dislikes diet
3. Amount eaten
4. Does she/he eat some of each food?
5. Frequently thirsty
6. Very seldom drinks water

D. Sleeping habits

1. Able to sleep
2. Restless

3. Complains about not being able to sleep (compare with your observations)

4. Sleeps more than normal

5. Constantly asleep

6. Easy or difficult to arouse from sleep

E. Position during sleep

1. Lies still or tosses around

2. Likes to lie in one position better than others

3. Prefers to sleep on back or side

4. Able to move easily

F. Skin

1. Pale color (pallor)

2. Flushed (red)

3. Dry or moist

4. Lips and fingernails turning blue (cyanotic)

5. Swelling (edema)

6. Reddened areas and location

7. Shiny

8. Puffiness of the legs and feet

9. Cold and clammy

10. Warm or hot

G. Eyes, ears, nose, and mouth

1. Sees spots or flashes before eyes

2. Blurred vision

3. Is bothered by bright light

4. Eyes inflamed

5. Has difficulty breathing through nose

6. Mucus discharge from the nose

7. Complains of a bad taste in mouth

    8. Odor on breath
    9. Ability to hear you

H. Breathing

    1. Wheezes
    2. Makes noises when she/he breathes
    3. Cough (productive or dry)
    4. Amount and color of sputum
    5. Dyspnea (difficulty breathing)

I. Abdomen, bowels, and bladder

    1. Abdomen puffy (distended)
    2. Abdomen (firm or soft)
    3. Gassiness (flatulence)
    4. Belching (eructation)
    5. Hiccoughs
    6. Nausea
    7. Vomiting (emesis)
    8. Constipation
    9. Frequency of bowel movements
    10. Consistency (hard, liquid, or soft) of feces (stool)
    11. Color of feces
    12. Does stool resemble black tar or coffee grounds?
    13. Large or small stool
    14. Blood, clumps of mucus, or pieces of white material in feces
    15. Frequency of urination
    16. Amount of urine voided
    17. Pain during urination
    18. Voiding hard to start
    19. Sediment (cloudiness) or blood in the urine

20. Color and odor of urine
21. Incontinence of bowels and/or urine

J. Pain
1. Location
2. Duration (How long has resident had pain?)
3. Description of pain
   a. Constant
   b. Comes and goes
   c. Sharp
   d. Dull
   e. Aching
   f. Knifelike
   g. Burning
   h. Severity
   i. Has resident had medication?
   j. Did the medication relieve the pain?

K. Movements
1. Shaking (tremors and spasms)
2. Limp
3. Jerky
4. Shaky
5. Jumpy

L. Personal care
1. Without help
   a. Brush teeth
   b. Comb hair
   c. Go to the bathroom
   d. Wash face

2. Needs assistance with the above

M. Body language (II-4)

1. Posture
    - a. Rigid
    - b. Bent
    - c. Loose

2. Face
    - a. Smiles
    - b. Frowns
    - c. Covers parts of face with hands
    - d. Eye contact

3. Feet and legs
    - a. Taps
    - b. Kicks
    - c. Shuffles
    - d. Swings
    - e. Crosses legs at knees

4. Arms and hands
    - a. Clasps across chest
    - b. Rests chin on hands
    - c. Sits on hands

(NOTE: It is very important to report any changes observed especially if they are sudden changes.)

III. Guidelines for Reporting Observations of Status Change (HO 1)

A. Write down patient's name, room number, and bed number.

B. Write or report your observations to instructor/staff personnel as soon as possible.

C. Report the exact time you made the observation.

D. Report the location of any abnormal sign.

E. Report only what you observe. (HO 2)

IV. Answering the Resident's Call Light

A. Go to the resident at once, quietly, and in a friendly way.

B. Turn off the call signal, and address patient by name.

C. Say, "Mr. Jones, what can I do for you?" Do whatever the resident asks, but be sure it is correct and safe for this resident.

D. When necessary, use emergency signal to get qualified personnel to assist you.

E. CAUTION: A young child or helpless adult may not be able to use the signal cord. Listen for calls for help do frequent, routine checks.

F. It is important to respond to the call light quickly, as the resident may have an emergency or simply seeks reassurance that help is available if needed.

V. Summary and Conclusion

A. Observation methods

B. Observations to make

C. Guidelines for reporting observations of status change

D. Answering the resident's call light

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT II : UTILIZING COMMUNICATION AND OBSERVATION SKILLS

INTERACTION ITEMS:

1. What are four methods you may use to observe the resident?
2. What observations should you make regarding to the resident's appearance?
3. What observations should you make regarding to the resident's behavior?
4. What observations should you make regarding to the resident's body language?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Class discussion of observations to make about the resident's hearing; mental condition; eating and drinking habits; sleeping habits; skin; eyes; breathing; and abdomen, bowels, and bladder.
2. Show Trainex filmstrip "Observation and Charting."

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT II : UTILIZING COMMUNICATION AND OBSERVATION SKILLS

EVALUATION ITEMS:

1. The four methods of observation are:

   a.

   b.

   c.

   d.

2. You are assigned to care for Mrs. White, a resident in the home where you are employed. Which of the following observations would you identify as a change in Mrs. White's behavior?

   1. Mrs. White is usually talkative during her bath, but today she says very little.
   2. Mrs. White appears to be sleeping more than usual.
   3. Mrs. White refuses to eat her lunch.
   4. Mrs. White appears anxious and worried.

   Circle the letter of the correct answer below.

   a. 1, 2, and 3
   b. 2 and 3
   c. 1, 2, and 4
   d. All of the above

3. When would you report Mrs. White's change of condition to the charge nurse? (Circle the letter of the correct answer.)

   a. At shift change report
   b. One hour after observation to see if she improves
   c. As soon as possible after making the observation
   d. Tomorrow when the regular charge nurse is on duty

4. List two reasons why the resident's call light should be answered quickly.

   a.

   b.

5. Explain how to answer the resident's call light.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT II : UTILIZING COMMUNICATION AND OBSERVATION SKILLS

ANSWERS TO EVALUATION ITEMS:

1. a. Seeing
   b. Hearing
   c. Smelling
   d. Touch
2. d
3. c
4. a. May be an emergency
   b. Resident seeks reassurance that we are there to care for him/her
5. Answer should include going to resident at once, turning off call signal and use of emergency signal when necessary.

OBSERVATIONS TO REPORT TO THE INSTRUCTOR/STAFF PERSONNEL

Observe closely and accurately, and report promptly:

1. All symptoms - noted by the resident or observed but for which no complaint is voiced
2. Change in vital signs - temperature, pulse and respiration, and blood pressure
3. Change in personality - weak, depressed, apathetic, apprehensive, hysterical
4. Change in skin color - sudden pallor, yellowish flushing, cyanosis, or blotching
5. Change in respiration - difficult breathing (dyspnea), rapid respirations, gasping, inability to breathe except when sitting or standing erect, painful breathing
6. Breath - unpleasant, foul, sweet or fruity odor, smell of alcohol
7. Cough - exhausting, harsh, tight, dry, hacking, painful or wheezing; if productive, report quantity, color (rusty, green, bloody), thick or mucoid
8. Dizziness - any loss of balance, complaint of dizziness, or faintness
9. Nausea or vomiting - self-induced by patient, projectile (with force projection), color (bloody, coffee ground color, greenish), and consistency (liquid or undigested food)
10. Convulsions - time, duration, intermittent or continuous, mild or violent, and generalized or limited to one part of the body
11. Delirium - continuous or intermittent, rambling of ideas or one persistent idea, coma or unconsciousness, failure to respond
12. Chills - time and duration, severity of chill (violent or shivering), temperature at time chill is completed, and temperature 30 minutes after chill is completed
13. Crying - fretful, sharp, whining, or moaning; give reason if known
14. Discharges - unusual body discharge, location, and type (bloody, mucus, pus, or clear)
15. Swelling (edema) - generalized or local (as legs and feet), color change accompanying swelling
16. Skin conditions - dryness, scales, rash, hives, blotching, boils, itching, reddened areas, bruises, abrasions, bedsores, open raw areas

17. Abdomen - distended, hard, rigid, painful, tender

18. Eyes - bloodshot, dull, yellowish color, anxious, inflamed, watery and tearing, sensitive to light, twitching, pupils contracted, dilated, or unequal, constant involuntary movement of eyeballs, fixed look

19. Appetite - loss of appetite, failure to eat a meal (may be diabetic), eating of additional foods while on restricted diet, any difficulty the resident may have swallowing, chewing or feeding himself/herself

20. Accidents or incidents - time, names of witnesses, observations of injury, and cause or suspected cause of bruises and abrasions

21. Sleep - moaning, restless, inability to sleep, short interval sleeping

22. Oral hygiene - lost or broken dentures or bridgework, mouth sores, tenderness, bleeding gums

23. Physical activities - failure of ambulatory resident to get out of bed or refusal to walk or exercise

24. Bowel - diarrhea, stool of unusual color (clay or black with blood), hard-formed stool, failure to defecate, any variation from normal established bowel habits

25. Urine - unusual odor, color, cloudy, or bloody; change in output or failure to void, catheter drainage system not open or draining an inadequate amount of urine

26. Bath - failure to give bath or refusal of resident to receive bath or other routine nursing service for which you are responsible

27. Personality change - irritable, depressed,. anxious, hostile, combative, inappropriate laughter or crying, withdrawn

INTERVENTION THROUGH OBSERVATION

1. When the resident attempts to play on your feelings and turns the conversation back to you, remain objective and gently remind him/her that you were talking about him/her.
2. When the resident feels a need to do something "right" and/or is slow and methodical, you can help by rearranging the schedule to allow more time for projects and to cut down on interruptions.
3. When the resident is distrustful, speak clearly to reduce misunderstandings and create a feeling of acceptance.
4. When the resident seems lonely, demanding or picky, you can help by arranging for someone to spend time with that person.
5. When a resident is domineering, inappropriately loving, or changes emotions rapidly, remain calm, unhurried, and avoid arguments with him/her.
6. When a resident is uncertain and can't bear criticism, assist him/her to verbalize his/her feelings.
7. When the resident is skeptical, resentful, and/or sarcastic, remain calm, unhurried, and self-assured.

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT II : UTILIZING COMMUNICATION AND OBSERVATION SKILLS

SCOPE OF UNIT:

This unit will introduce effective communication skills including telephone techniques, observing, reporting and recording pertinent information, the use of the care plan, an introduction to medical terminology, and a basic overview of the metric system.

INFORMATION TOPIC: II-4 OR DEMONSTRATION:

USING THE CARE PLAN
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Sequence the steps in the development of a care plan.
2. List three reasons for implementing the care plan.
3. Explain when and why the care plan should be evaluated.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Overall Plan of Care (Sample)
2. HO 2: Overall Plan of Care (Blank)
3. Sample care plans from various health care agencies

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

MacKenzie, Beverly A. Nursing Home Progress Notes. Madison, WI: MacKenzie Co., 1978.

INTRODUCTION:

In order to determine the need of each resident and communicate methods for meeting these needs to the ancillary staff, a plan of care should be developed. The health services assistant must learn to use the care plan and to provide information to the plan in order to insure coordinated and meaningful resident care.

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT II : UTILIZING COMMUNICATION AND OBSERVATION SKILLS

OUTLINE: (Key Points)

I. Development of the Care Plan
   A. Interviews, observation, and examination
   B. Assessment of needs
   C. Health care team coordinates planning
      1. Identify problems or needs
      2. Establish goals
      3. Choose approaches/methods
      4. Identify service responsibility

II. Reasons for Implementation of the Care Plan
   A. Staff (including health services assistant) refers to the care plan for direction. (II-1)
   B. Staff motivates resident to goals.
   C. Charting reflects progress or regression. (II-2)
   D. Reference for shift change report
   E. Reference for physician, administrator, licensed nurses, therapists, activities director, social services designee, and dietician

III. Evaluation of Care Plan
   A. Review and revise (at least quarterly).
   B. Change plans as progress or regression indicates.
   C. Identify new problems.

IV. Summary and Conclusion
   A. Development of the care plan
   B. Reasons for implementation of the plan of care
   C. Evaluation of care plan

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT II : UTILIZING COMMUNICATION AND OBSERVATION SKILLS

INTERACTION ITEMS:

1. What information can the nursing staff discover in the plan of care?
2. Who contributes information to the care plan?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Read a plan of care; then write a work assignment for this date and shift.

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT II : UTILIZING COMMUNICATION AND OBSERVATION SKILLS

EVALUATION ITEMS:

1. Sequence the four steps in the development of a care plan by putting "1" by the first step, "2" by the second, and so on.

   ____ a. Choose approaches and methods

   ____ b. Identify problems

   ____ c. Identify service responsibility

   ____ d. Establish goals

2. List three reasons for implementing the care plan.

   a.

   b.

   c.

3. Why should the care plan be evaluated?

4. How frequently should the care plan be evaluated?

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT II : UTILIZING COMMUNICATION AND OBSERVATION SKILLS

ANSWERS TO EVALUATION ITEMS:

1. a. 3
   b. 1
   c. 4
   d. 2

2. The student may list any three of the following:
   a. Staff refers to care plan for direction.
   b. Staff motivates resident to goals.
   c. Charting reflects progress or regression.
   d. Reference for shift change report
   e. Reference for physician, administrator, licensed nurses, therapists, activities director, social services designee, and dietician

3. To identify new problems and change plans, if needed.

4. At least quarterly

OVERALL PLAN OF CARE

Personal Care:

BATH
Bathe M.W. Sat.
Partial P.r.n.
Self
Tub
Shower
Assist

MOUTH CARE
Nurse ✓
Self
Dentures ✓
Special

HAIR CARE
Shampoo bed
When 1/11
Nurse ✓
Self
Beauty Shop

SKIN CARE
Decubiti
Turning q̄ 2h
6-8-10-2-4
Dry
Shave
When

HAND/FOOT CARE
Manicure 1/12
Pedicure 1/12
Clean Nails Daily ✓
Self
Footboard ✓

(chair scale)
Weight q̄ tues.
Height
T.P.R. daily
B.P. daily
I & O to 2500 c.c.
C & A

Long Term Goal: To be independent in A.D.L. by July 15

Date	Needs: Problems or Strengths	Short Term Goals	Plan of Action	Service Responsible	Review Date and Signature	Goal Met YES	Goal Met NO	Analysis: Why Goal Not Made
1/12	Totally dependent in A.D.L.	will turn self in bed unaided by 2/10	Reposition q̄ 2h	Nursing				
			Teach how to assist	P.T.				
			R.O.M. x 10 t.i.d.					
		Will assist in feeding self by 1/24	Position sitting in chair for meals	Nursing Dietary				
			Provide adaptive aids Teach to use	O.T.				
	Incontinent — admitted with catheter.	Will remove catheter by 1/17	Push fluids 2500 c.c. daily Clamp catheter 55 min. of every hour.					

Diagnosis: C.V.A. / Rt. hemiplegia

Next of Kin: John J. Doe 314-654-2310

Name:	Doctor:	Room:	Age:	Religion:	Admission Date:
Doe, Mrs. Martha Jane	Ari Stotle	101	73	Protestant	1/10

Special Procedures:

Foley Catheter
clamp 55 min., q̄ hour
open drainage 9pm-7a.m.
no irrigation unless problems with drainage.

Medications:

Inderol 40 mg. q.i.d.
Librium 5 mg. b.i.d.
Lasix 40 mg. q̄.d, p.r.n. for edema
Colace capt h.s., p.r.n. for constipation
Pyridium tabt t.i.d. x 14 days

Prosthesis:
Dentures: ✓
Full ✓
Partial
Upper
Lower
Glasses: ✓
Contacts:
Hearing Aid:
Artificial Arm:
Leg:
Eye:
Other:

P.T.

R.O.M. x 10 all extremities t.i.d. (by P.T. o.d., Nurse Assistant b.i.d. in room.)

O.T.

Teach to use adaptive eating utensil in G-chair located in Special Dining Room.

Speech/Audiology:

Therapy 3x week (Mon., Wed., Fri., @ 10:30 a.m.) To Speech Therapist's office via w/c

Diet: 2 Gm Sodium Restricted
Feed: ✓
Assist:

Self-Help Devices: Weighted Spoon with extended handle.

Breakfast	Med A.M.	Dinner	Med P.M.	Supper	H.S.

Dislikes/Allergies: Salads
Milk

Activities:
Group:

Individual: Activities Director - read letter and hometown newspaper, provide environmental stimulation.

OVERALL PLAN OF CARE

Personal Care:

BATH
Bathe
Partial
Self
Tub
Shower
Assist

MOUTH CARE
Nurse
Self
Dentures
Special

HAIR CARE
Shampoo
When
Nurse
Self
Beauty Shop

SKIN CARE
Decubiti
Turning
Dry
Shave
When

HAND/FOOT CARE
Manicure
Pedicure
Clean Nails Daily
Self
Footboard

Weight
Height
T.P.R.
B.P.
I & O
C & A

Long Term Goal:

Date	Needs: Problems or Strengths	Short Term Goals	Plan of Action	Service Responsible	Review Date and Signature	Goal Met		Analysis: Why Goal Not Made
						YES	NO	

Diagnosis:

Next of Kin:

Name: 118

Doctor:

Room:

Age:

Religion:

Admission Date: 119

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HO 2

Special Procedures:

Medications:

Prosthesis:
Dentures: ______
Full ______
Partial ______
Upper ______
Lower ______
Glasses: ______
Contacts: ______
Hearing Aid: ______
Artificial Arm: ______
Leg: ______
Eye: ______
Other:

P.T.

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O.T.

Speech/Audiology:

Diet:
Feed:
Assist

Self-Help Devices:

Activities:
Group:

Individual:

Breakfast	Med A.M.	Dinner	Med P.M.	Supper	H.S.

Dislikes/Allergies:

LESSON PLAN: 5

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT II : UTILIZING COMMUNICATION AND OBSERVATION SKILLS

SCOPE OF UNIT:

This unit will introduce effective communication skills including telephone techniques, observing, reporting and recording pertinent information, the use of the care plan, an introduction to medical terminology, and a basic overview of the metric system.

INFORMATION TOPIC: II-5 OR DEMONSTRATION:

CHARTING ON MEDICAL RECORDS
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Define the terms root, prefix, and suffix.
2. Recognize common abbreviations and symbols used in charting.
3. Recognize the basic rules of charting.
4. Chart procedures and observations using basic guidelines.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Glossary of Word Elements
2. HO 2: Check Charting Form
3. HO 3: Example of Narrative Nurse's Notes
4. Pen
5. Charting paper
6. Blackboard
7. Dictionary
8. Sample medical record forms

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

MacKenzie, Beverly A. Nursing Home Progress Notes. Madison, WI: MacKenzie Co., 1978.

INTRODUCTION:

In every area of health care occupations it is necessary to have some basic knowledge of medical terminology. Much of the medical terminology is universal; for example, the symbol "Rx," prescription, or to take, is used all over the world. Anatomy, the study of the structure of the human body, is another universal term. Whether you work as a nurse, physician, medical secretary, or in any other area of health occupations, you will be exposed to a variety of medical terms and symbols. In this lesson, you will learn some basics of medical terminology which will help you build your vocabulary.

LESSON PLAN: 5

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT II : UTILIZING COMMUNICATION AND OBSERVATION SKILLS

OUTLINE: (Key Points)

I. Word Elements (HO 1)

   A. Root - body or main part of the word

   B. Prefix - word element added to the beginning of a root which changes or adds to the meaning of a root

   C. Suffix - word element added at the end of a root which changes or adds to the meaning of a root

   D. Formulation of words

      1. Prefix with root

      2. Root with suffix

      3. Root with root

      4. Prefix with suffix

II. Abbreviations and Symbols

   A. Activities of daily living (ADL)

      1. ad lib - as described

      2. amb. - ambulatory

      3. B.M. - bowel movement

      4. BRP - bathroom privileges

      5. BSC - bedside commode

      6. cath. - catheter

      7. G/C - geri-chair

      8. H.O.B. - head of bed

      9. R.O.M. - range of motion

      10. SOB - short of breath

      11. W/C - wheelchair

B. Foods and fluids

1. ac - before meals
2. amt. - amount
3. cc - cubic centimeter
4. FF - force fluids
5. H_2O - water
6. I & O - intake and output
7. IV - intravenous
8. liq. - liquid
9. NPO - nothing by mouth
10. pc - after meals
11. PO - by mouth
12. $\overline{ss}$ - one half
13. Cal. - calorie

C. Vital signs (VS)

1. BP - blood pressure
2. ht - height
3. TPR - temperature, pulse, respirations
4. wt - weight

D. Time and frequency

1. a.m. - morning
2. bid - twice a day
3. hr - hour
4. hs - bedtime
5. q.d. - once daily
6. p.m. - afternoon
7. p.r.n. - whenever necessary

    8. q - every
    9. qid - four times a day
    10. tid - three times a day
    11. STAT - immediately

E. Places or departments

    1. BR - bathroom
    2. CCU - cardiac care unit
    3. CS - central service or central supply
    4. ER - emergency room
    5. ICU - intensive care unit
    6. Lab - laboratory
    7. OB - obstetrics
    8. OPD - outpatient department
    9. OR - operating room
    10. OT - occupational therapy
    11. PAR - post-anesthesia recovery
    12. Ped - pediatrics
    13. Pharm - pharmacy
    14. PT - physical therapy
    15. RR - recovery room
    16. RT - respiratory therapy
    17. Surg - surgery

F. Miscellaneous

    1. ā - before
    2. a & o - alert and oriented
    3. B & B - bowel and bladder
    4. c̄ - with

5. c/o - complains of
6. O_2 - oxygen
7. $\bar{p}$ - after
8. $\bar{s}$ - without
9. S & A - sugar and acetone test
10. sol. - solution

III. Charting

- A. Purpose
    - 1. Communicate with other members of the health care team
        - a. Physician's orders
        - b. Care plan
        - c. Progress notes
        - d. Nursing notes
    - 2. Legal document describing the delivery of care to meet needs of residents
    - 3. Legal document to provide evidence to regulatory agencies that requirements for licensure and certification are met
    - 4. Documentation for insurance purposes and/or litigation
- B. Charting is done by authorized personnel (health care facility policy)
    - 1. Every shift
    - 2. Once every 24 hours
    - 3. Weekly summary
- C. Basic rules for charting
    - 1. Notes must be precise and exact.
    - 2. Use correct span of shift as related to date.
    - 3. Do not skip lines.
    - 4. Use only approved abbreviations (see facility's policy).

5. Complete proper headings on each chart sheet.
6. Never erase. Draw one line through an error. Write "error" and initial.
7. Use simple, correct terminology.
8. Use direct quotes when describing an emotional state.
9. Indicate number of times an event occurs during a shift, day, week, etc.
10. Make follow-up notations of results of actions.
11. Use correct grammar, spelling, and punctuation (use the dictionary).
12. Read notations made by other personnel.
13. Chart what you actually see and hear.
14. Signature (first initial, last name, job title)
15. Never chart a procedure before it has been performed.
16. All charting is done in ink.

D. Nursing notes

    1. Mobility and balance
    2. Diet and eating
    3. Bathing, dressing, and grooming
    4. Elimination
    5. Speech, hearing, and sight
    6. Behavior and mental condition
    7. Restorative nursing procedures
    8. Dentition and oral hygiene
    9. Comfort measures
    10. Spiritual needs
    11. Sleeping patterns
    12. Problems identified in plan of care
    13. Record any staff teaching to patients.

- E. Variations in charting
  - 1. Check chart (flow sheets) (HO 2)
    - a. Appropriate square
    - b. Appropriate description of action
  - 2. Narrative notes (HO 3)

IV. Summary and Conclusion

- A. Word elements
- B. Abbreviations and symbols
- C. Charting

In today's lesson, we have discussed common word elements, abbreviations, symbols used in charting, and charting procedures.

LESSON PLAN: 5

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT II : UTILIZING COMMUNICATION AND OBSERVATION SKILLS

INTERACTION ITEMS:

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Prepare flash cards for "Abbreviation Bee."
2. Choose teams for "Abbreviation Bee."
3. Write statement(s) for charting based on sample plan of care.
4. Review facilities' forms and guidelines for completing forms.
5. Provide hypothetical situation to class and have them chart the situation based on the basic rules for charting.

LESSON PLAN: 5

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT II : UTILIZING COMMUNICATION AND OBSERVATION SKILLS

EVALUATION ITEMS:

1. Match the following abbreviations and symbols with the representing terms.

____ a. Bathroom privileges
____ b. Shortness of breath
____ c. Ambulatory
____ d. Bowel movement
____ e. Wheelchair
____ f. Activities of daily living
____ g. Range of motion
____ h. As desired
____ i. Head of bed
____ j. Force fluids
____ k. By mouth
____ l. Half
____ m. Before meals
____ n. With
____ o. Blood pressure
____ p. Without
____ q. Whenever necessary
____ r. Three times a day
____ s. Cubic centimeter
____ t. Intake and output

1. ADL
2. ad lib
3. amb.
4. B.M.
5. BRP
6. HOB
7. R.O.M
8. SOB
9. FF
10. W/C
11. ac
12. BP
13. cc
14. H_2O
15. I & O
16. PO
17. p.r.n.
18. TPR
19. $\bar{c}$
20. $\bar{s}$

(Continued on next page)

____ u. Temperature, pulse, respirations 21. $\overline{ss}$

____ v. Water 22. tid

2. Define the following words:

   a. Root

   b. Prefix

   c. Suffix

3. Complete nursing notes include which of the following?

   1. Notes must be precise and accurate.
   2. Date each notation accurately.
   3. Documentation should be related to the span of a shift.
   4. Exact hour and minutes is used to record all things.

   (Circle the letter of the correct answer below.)

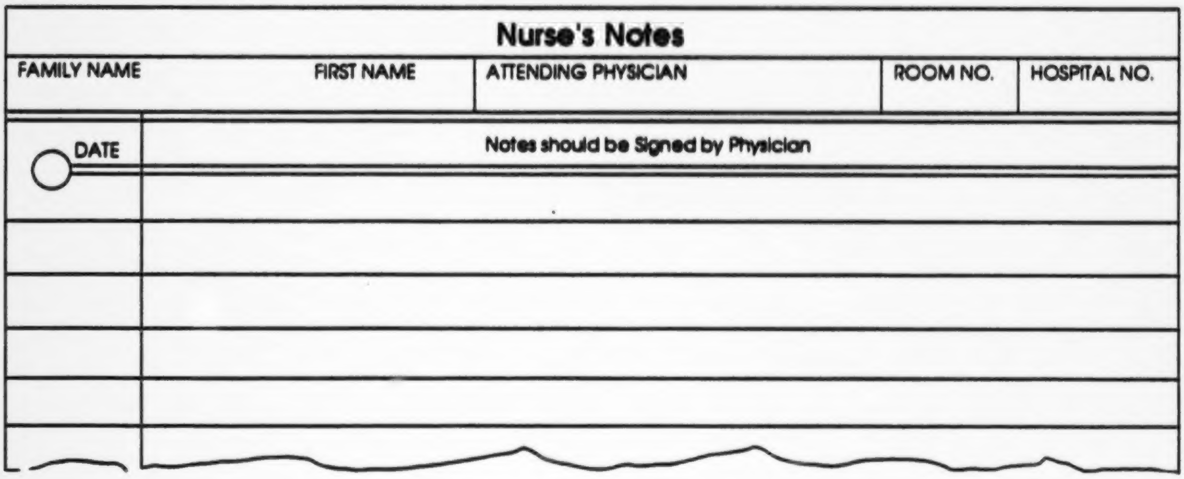
   a. 1, 2, and 4
   b. 2, 3, and 4
   c. 1, 2, and 3
   d. 1, 3, and 4

4. You have made an error in charting on a resident's chart. Which one of the following is the accepted procedure for correcting it? (Circle the letter of the correct answer.)

   a. Draw one line through it.
   b. Mark several lines through it.
   c. Erase the error.
   d. Draw one line through it, write "error", and place your initials by it.

5. Read the following situation. On the nurse's notes form below, chart according to basic guidelines.

Mrs. Chase was fed breakfast at 7:00 a.m. and ate most of it. She was given a partial bath. She sat in a chair while the aide made her bed. Dr. Hypo Crates made rounds at 10:30. Mrs. Chase went to x-ray in a wheelchair at 11:00 a.m. She complained of a headache prior to going to x-ray.



Nurse's Notes

FAMILY NAME	FIRST NAME	ATTENDING PHYSICIAN	ROOM NO.	HOSPITAL NO.

DATE	Notes should be Signed by Physician

LESSON PLAN: 5

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT II : UTILIZING COMMUNICATION AND OBSERVATION SKILLS

ANSWERS TO EVALUATION ITEMS:

1.	a.	5
	b.	8
	c.	3
	d.	4
	e.	10
	f.	1
	g.	7
	h.	2
	i.	6
	j.	9
	k.	16
	l.	21
	m.	11
	n.	19
	o.	12
	p.	20
	q.	17
	r.	22
	s.	13
	t.	15
	u.	18
	v.	14
2.	a.	Body or main part of word
	b.	Added at the beginning of word
	c.	Added at the end of the word
3.	c	
4.	d	
5.		

Nurse's Notes

FAMILY NAME	FIRST NAME	ATTENDING PHYSICIAN	ROOM NO.	HOSPITAL NO.
CHASE,	Mrs. Polly	HYPO CRATES, M.D.	100-1	

○ DATE	Notes should be Signed by Physician
11-23	7-11 am Ate 90% breakfast. Partial bath given. Out of bed
	while bed made. seen by Dr. Hypo Crates. ℅ headache
	TO x-ray by W/C
	S. Jones, CNA

Glossary of Word Elements

Word Element	Refers to or Means
a-, an-	without, lack of, absent, deficient
ab-, abs-	from, away
ad-	near, toward
adeno	gland
alb	white
-algia, -algesia	pain
ambi-	both
angio	vessel (blood or lymph)
ante-	before
anti-	against
arterio	artery
arthro	joint
-asthenia	weakness
auto-	self
bi-	two, twice
brady-	slow
broncho	bronchus
cardio	heart
-cele	tumor, swelling, hernia, sac
-centesis	puncture
cephalo	head
chole	gall

Word Element	Refers to or Means
cholecysto	gallbladder
chondro	cartilage
cide	kill
circum-	around
-cise	cut
colo	colon
colpo	vagina
contra-	against
costo	rib
cranio	skull
cyano	blue
cysto	urinary bladder
cyto	cell
dermo, dermato	skin
di-	two
dys-	painful, difficult, disordered
ectomy	surgical removal
-emesis	vomiting
-emia	blood
encephalo	brain
endo-	within, inner, on the inside
entero	intestine
epi-	above, over
erythro	red
-esthesia	sensation

Word Element	Refers to or Means
ex-	out
gastro	stomach
-gene, -genic	production, origin
gluco, glyco	sugar, sweet
-gram	record
-graph	machine
-graphy	practice, progress
gyne	woman
hema, hemo	blood
hemi-	half
hepa, hepato	liver
histo	tissue
hydro-	water
hyper-	over, above, increased, excessive
hypo-	under, beneath, decreased
hyster	uterus
inter-	between
intra-	within
-itis	inflammation of
laparo	abdomen
-lepsy	seizure, convulse
leuko	white
lipo	fat
lith	stone, calculus
-lysis	loosen, dissolve

Word Element	Refers to or Means
mal-	bad, poor, disordered
-mania	insanity
mast	breast
mega-	large
meso-	middle
-meter	measure
micro-	small
mono-	single, one
muco	mucous membrane
myelo	spinal cord, bone marrow
myo	muscle
narco	sleep
naso	nose
necro	death
neo-	new
nephro	kidney
neuro	nerve
non-	no, not
oculo	eye
-ology	study of
-oma	tumor
oophor	ovary
ophthalmo	eye
orchi	testicle
-orrhaphy	to repair a defect
ortho-	straight

Word Element	Refers to or Means
-oscopy	look into, see
osis	condition of
osteo	bone
-ostomy	surgical opening
oto	ear
otomy	incision, surgical cutting
para-	alongside of
path	disease
ped (latin)	foot
ped (greek)	child
-penia	too few
peri-	around, covering
-pexy	to sew up in position
pharyngo	throat
phlebo	vein
-phobia	fear, dread
-plasty	operative revision
plegia	paralysis
-pnea	breathing
pneumo	air, lungs
poly-	much, many
post	after
pre-	before
procto	rectum
-ptosis	falling
pyelo	pelvis of kidney

Word Element	Refers to or Means
pyo	pus
pyro	heat, temperature
renal	kidney
retro-	behind, backward
-rhage	hemorrhage, flow
-rhea	flow
rhino	nose
salpingo	oviduct
semi-	half
septic	poison, infection
stomato	mouth
sub-	under
super	above
-therapy	treatment
-thermy	heat
thoraco	chest
thrombo	clot
thyro	thyroid gland
trans-	across
-uria, -uric	condition of, presence in urine
uro	urine
uni	one
vaso	blood vessel

CHECK CHARTING FORM

	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
APPETITE BREAKFAST %	7-3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
LUNCH %	7-3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
BATH OR SHOWER	7-3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
SHAMPOO	7-3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
SHAVED	7-3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ORAL HYGIENE	7-3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
SKIN CARE	7-3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
NAIL CARE	7-3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
OUT OF BED	7-3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
REPOSITIONED Q 2 HRS	7-3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AMBULATED	7-3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
SIDERAILS UP	7-3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
RESTRAINTS	7-3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
BOWEL MOVEMENT	7-3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
FRESH WATER	7-3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
INITIALS 7-3 SHIFT	7-3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
APPETITE SUPPER %	3-11	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
BATH OR SHOWER	3-11	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
OUT OF BED	3-11	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
SHAMPOO	3-11	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
SHAVED	3-11	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ORAL HYGIENE	3-11	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
DENTURES REMOVED	3-11	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
SKIN CARE-BACK RUB	3-11	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
REPOSITIONED Q 2 HRS	3-11	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
NAIL CARE	3-11	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
P.M. CARE	3-11	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
P.M. NOURISHMENT	3-11	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AMBULATED	3-11	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
SIDERAILS UP	3-11	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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BOWEL MOVEMENT	3-11	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
FRESH WATER	3-11	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
INITIALS 3-11 SHIFT	3-11	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
BATH	11-7	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ORAL HYGIENE	11-7	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
SKIN CARE	11-7	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
REPOSITIONED Q 2 HRS	11-7	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
SIDERAILS UP	11-7	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
RESTRAINTS	11-7	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
BOWEL MOVEMENT	11-7	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
EARLY A.M. CARE	11-7	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
FRESH WATER	11-7	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
INITIALS 11-7 SHIFT	11-7	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
APPETITE-INTAKE CODE		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1-25% 3-75% 5-REFUSED		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
2-50% 4-100%		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
6 - a few bites		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

PHYSICIAN	ALLERGIES				PAGE NO.
	ROOM/BED	ADMISSIONS NUMBER/DATE	SEX	DATE OF BIRTH	CURRENT MONTH/YEAR
PATIENT					

EXAMPLE OF NARRATIVE NURSE'S NOTES

NAME: Jones, Mary **DOCTOR:** Briggs **ROOM NO:** 106A

Date and Time		Nurse's Name
6-21	Res. up in w/c q.d. for periods of 2-3 hrs.,	
2:00 pm.	able to get up c̄ minimal assistance	
	from one person. Appetite very good,	
	enjoys meal time. Showers 3x/wk.,	
	assists c̄ washing of self. Good bowel	
	and bladder habits. Requires hearing	
	aid but does not always wear;	
	encouraged by staff to use it.	
	Remains a˅o x3; participates in	
	many of the activities. Occasionally	
	requires hypnotic @ h.s. for c/o	
	restlessness. Family visits about	
	2x/wk. ———	M. Smith
		LPN

NURSE'S NOTES

LESSON PLAN: 6

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT II : UTILIZING COMMUNICATION AND OBSERVATION SKILLS

SCOPE OF UNIT:

This unit will introduce effective communication skills - including telephone techniques, observing, reporting and recording pertinent information, the use of the care plan, an introduction to medical terminology, and a basic overview of the metric system.

INFORMATION TOPIC: II-6 OR DEMONSTRATION:

METRIC AND U.S. CUSTOMARY MEASUREMENTS
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Identify Metric and U.S. Customary units of measurement.
2. Identify common abbreviations and symbols of measurements in metric and U.S. Customary measurements.
3. Convert U.S. Customary measurements to Metric measurements.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Metric Table of Units
2. HO 2: Measurements Used in Health Care
3. HO 3: Equivalent Measures
4. AS 1: Calculating Measurement Conversions
5. Trainex filmstrip: "Metric System"

INFORMATIONAL ASSIGNMENT: (Student)

Schniedman, Rose and Susan Lambert. Being A Nursing Assistant. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986.

REFERENCES: (Instructor's Additional Information)

Rosdahl, Caroline Bunker. Basic Nursing. 4th ed. Philadelphia: J. B. Lippincott, 1985.

INTRODUCTION:

Because the field of health occupations extends over the whole world, it is important for health care workers to be familiar with two of the universal systems of measurement: the U.S. Customary System and the Metric System. It will be important for you to recognize the symbols and abbreviations of the two systems and be able to convert from one system to another. In this lesson, you will study these two systems of measurement as they relate to health occupations.

LESSON PLAN: 6

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT II : UTILIZING COMMUNICATION AND OBSERVATION SKILLS

OUTLINE: (Key Points)

I. U.S. Customary Units of Measurement (II-1)

   A. Volume

      1. Drop
      2. Teaspoon
      3. Tablespoon
      4. Ounce
      5. Cup
      6. Pint
      7. Quart
      8. Gallon

   B. Weight

      1. Ounce
      2. Pound

   C. Length

      1. Inch
      2. Foot
      3. Yard

II. Metric Units of Measurement (II-2)

   A. Volume

      1. ml
      2. cc
      3. Liter

   B. Weight

        1. Gram

        2. Milligram

        3. Kilogram

    C. Length

        1. Meter

        2. Centimeter

        3. Kilometer

III. Common Abbreviations and Symbols (HO 2)

    NOTE: Refer to HO 2 when discussing this section of the outline.

    A. Abbreviations

    B. Symbols

IV. Commonly Used Conversions (HO 3) (II-3)

    A. Volume

        1. 1 minim = 1 drop

        2. 15 drops = 1 cc

        3. 1 cc = 1 ml

        4. 30 cc = 1 ounce

        5. 2 cups = 1 pint

        6. 2 pints = 1 quart

        7. 4 quarts = 1 gallon

    B. Length

        1. 12 inches = 1 foot

        2. 2.54 centimeter = 1 inch

    C. Weight

        1. 16 ounces = 1 pound

        2. 1 kilogram = 2.2 pound

V. Summary and Conclusion

  A. U.S. Customary units of measurement

  B. Metric units of measurement

  C. Common abbreviations and symbols

  D. Commonly used conversions

LESSON PLAN: 6

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT II : UTILIZING COMMUNICATION AND OBSERVATION SKILLS

INTERACTION ITEMS:

1. What are the units of measurement in the U.S. Customary System?
2. What are the Metric units of measurement for length, weight, and volume?
3. What are the commonly used conversions?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Practice converting U.S. Customary measurements to Metric measurements.
2. Have students complete Assignment Sheet 1: "Calculating Measurement Conversions".

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LESSON PLAN: 6

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT II: UTILIZING COMMUNICATION AND OBSERVATION SKILLS

EVALUATION ITEMS:

Answer or complete the following.

1. Place a "1" before Metric System measurements and a "2" before U.S. Customary System units of measurements.

____ a. Foot
____ b. Centimeter
____ c. Grain
____ d. Gram
____ e. Millimeter
____ f. Drop
____ g. Minim
____ h. Ounce
____ i. Inch
____ j. Pound
____ k. Kilogram

2. Define:

a. ♏ = ____________________
b. ʒ = ____________________
c. ℥ = ____________________
d. cc = ____________________
e. Kg = ____________________
f. lb = ____________________
g. Gm = ____________________
h. mm = ____________________
i. gtt = ____________________
j. ml = ____________________
k. pt = ____________________

3. Convert the following

a. 1 tsp = ____________cc

b. 30 cc = ____________oz.

c. 8 oz. = ____________ cc

d. 300 cc = ___________ ℥

LESSON PLAN: 6

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT II : UTILIZING COMMUNICATION AND OBSERVATION SKILLS

ANSWERS TO EVALUATION ITEMS:

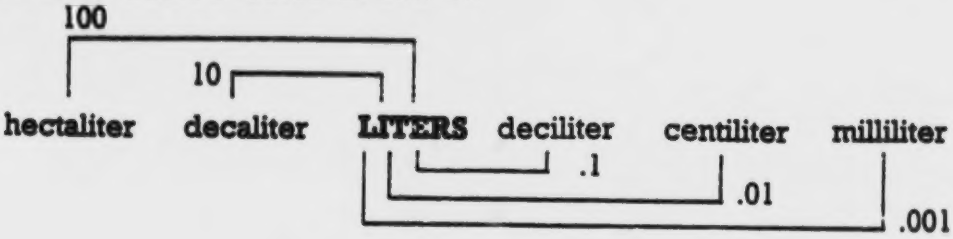
1. a. 2
   b. 1
   c. 2
   d. 1
   e. 1
   f. 2
   g. 2
   h. 2
   i. 2
   j. 2
   k. 1

2. a. minim
   b. dram
   c. ounce
   d. cubic centimeter
   e. kilogram
   f. pound
   g. gram
   h. millimeter
   i. drop
   j. milliliter
   k. pint

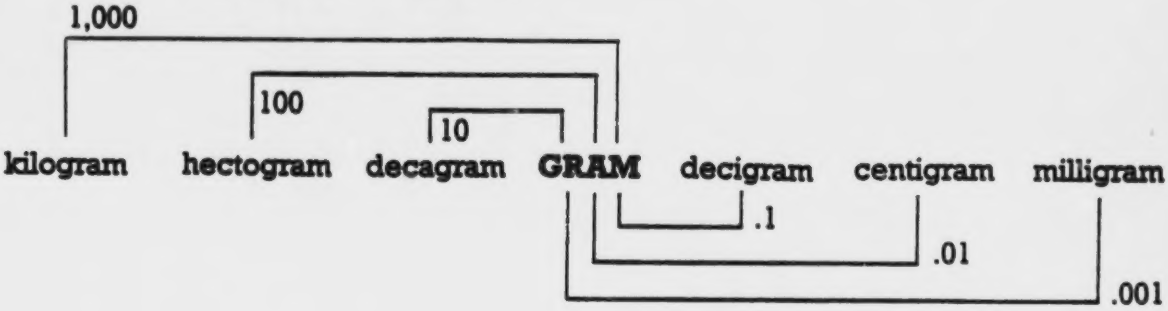
3. a. 4
   b. 1
   c. 240
   d. 10

Metric Table of Units

VOLUME - BASIC UNIT IS LITER


100
10
hectaliter
decaliter
LITERS
deciliter
centiliter
milliliter
.1
.01
.001

WEIGHT - BASIC UNIT IS GRAM


1,000
100
10
kilogram
hectogram
decagram
GRAM
decigram
centigram
milligram
.1
.01
.001

1. If the decimal point is moved to the right, the value is multiplied by 10.
   0.1 × 10 = 1.0

To convert from a larger measure to a smaller measure, multiply.

To convert 5l to ml, multiply .5l by 1000 since ml is three places to the right of l.
.5l × 1000 = 500 ml

To convert 2 Gm to mg, multiply 2 Gm by 1000 since mg is three places to the right of Gm.
2 Gm × 1000 = 2000 mg

2. If the decimal point is moved to the left, the value is divided by 10.
   1.0 ÷ 10 = 0.1

To convert from smaller measure to a larger measure, divide.

To convert 100 mg to Gm, divide by 1000 since Gm is three places to the left of mg.
100 mg ÷ 1000 = 0.1 Gm

To convert 2500 ml to liters, divide by 1000 since liters are three places to the left of ml.
2500 ml ÷ 1000 = 2.5 liters

Measurements Used in Health Care

Abbreviations

cc = cubic centimeter
f = foot
in. or " = inch
L = liter
lb. = pound
wt. = weight
ml. = milliliter
oz. = ounce
pt. = pint

qt. = quart
yd. = yard
ht. = height
kg. = kilogram
mm. = millimeter
gr. = grain
cm. = centimeter
Gm. = gram
gtt. = drop

Commonly used conversions

1 minim = drop
15 drops = 1 cc

1 ml = 1 cc
30 cc = 1 ounce

Symbols used in health care measurements

♏ = minim   ʒ = dram   ℥ = ounce

Equivalent Measures

Metric		US Customary
1 ml	=	15 minims - 15 drops
5 ml	=	1 tsp
15 ml	=	1 Tbs
30 ml	=	1 fluid ounce
500 ml	=	1 pint
1000 ml	=	1 quart
60 mg	=	1 grain
1 Gm	=	15 grains
1000 Gm (1 Kg)	=	2.2 lb

Calculating Measurement Conversions

1. 120 ml = ____ fluid ounces
2. 15 oz = ____ ml

3. A patient is 66 inches tall. How many feet tall is he?

4. Calculate the following. Convert to cc's.

   2/3 6 oz glass = ____ cc

   1/4 of 12 oz broth = ____ cc

   1/2 of 4 oz jello = ____ cc

   Total cc

5. Two ounces = ____ tablespoons

6. ____ cups = 1 qt

7. ____ qts = 1 gallon

8. 14 oz = ____ ml

9. 0.5 liter = ____ ml

10. 30 mg = ____ Gm

11. 0.25 liters = ____ ml

12. 100 mg = ____ Gm

13. 30 grains = ____ Gm

14. 450 mg = ____ gr

15. 80 lb = ____ Kg

16. 2 Tbs = ____ ml

17. 60 minims = ____ ml

Answers to Assignment Sheet 1: Calculating Measurement Conversions

1. 4
2. 450
3. 5½ ft. or 5'6"
4. 120
   90
   60
   270
5. 4
6. 4
7. 4
8. 420
9. 500
10. .03
11. 250
12. .1
13. 2
14. 7.5
15. 36.4
16. 30
17. 4

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT III : EMPLOYING SAFETY CONSIDERATIONS

SCOPE OF UNIT:

This unit covers all areas of safety. It refers to specific measures to be aware of regarding residents, the environment, and particular safety devices, as well as the role of the health services assistant in fire and disaster safety.

INFORMATION TOPIC: III-1 OR DEMONSTRATION:

SAFETY MEASURES FOR THE RESIDENT AND THE ENVIRONMENT
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Identify which residents require specific safety measures.
2. Identify nursing care measures in resident safety.
3. List two reasons for applying safety devices.
4. Identify and describe at least four safety devices.
5. Demonstrate or describe the use of each safety device.
6. Identify how often a restrained resident shall be checked and how often restraints are released.
7. Identify measures to provide a safe environment for the resident and health care personnel.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Safety Devices
2. Bed with side rails
3. Safety vest or jacket
4. Posey/safety belt
5. Wrist/ankle restraint
6. Mitten
7. Transfer belt
8. Hydraulic lift

INFORMATIONAL ASSIGNMENT: (Student)

Schneidman, Rose and Susan Lambert. Being A Nursing Assistant. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986.

REFERENCES: (Instructor's Additional Information)

Hanebuth, Lorna, et al. Nursing Assistants and the Long-Term Health Care Facility. Hagerstown, MD: Harper & Row Publishers, Inc., 1977, pp. 184-186.

McClelland, Sharon and Geraldine Kaspar. A Clinical Manual for Nursing Assistants. Monterey, CA: Wadsworth Health Sciences Division, 1985, pp. 1; 13-21.

INTRODUCTION:

Safety is a basic need of every human. The resident is frequently dependent upon the caregiver to provide safety for him or her. It is a responsibility of the health services assistant to monitor and report anything that may result in an accident or injury to a resident, visitor, or staff member.

There may be instances in caring for the resident when equipment must be used to help keep the resident safe. Restraints should be used only when all other measures to keep the resident safe have failed. Even when the resident may be confused, an explanation should be given of why the restraints are being applied. The decision to restrain a resident should be made after careful assessment by the nurse and an order from the physician is obtained. Never show an attitude of punishment with regard to restraints and make sure the skin is well padded and protected to prevent burns under the restrained area.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT III: EMPLOYING SAFETY CONSIDERATIONS

OUTLINE: (Key Points)

I. Resident Conditions that Require Specific Safety Measures (II-1)

   A. Confused - due to medicine, poor nutritional status, emotional disturbance, or disease of brain or cardiovascular system

   B. Elderly

      1. Aging process - a decrease in the senses (taste, touch, smell, hearing, and vision) which makes them less aware of danger warning signals

      2. Decreased reaction time to danger

   C. Resident sedated with drugs

   D. Unconscious resident

II. Safety Measures for All Residents (II-2)

   A. Check eyeglasses for cleanliness; make sure resident wears them.

   B. Check hearing aid to make sure it is functioning properly; make sure resident wears it.

   C. Handle mechanical aids with care, they can be expensive to replace if damaged.

   D. Place signal cord within reach of resident at all times; resident may injure self trying to get light.

   E. Check bed brakes; should be in locked position unless moving the bed.

   F. Side rails should be up when indicated, check with charge nurse.

   G. Keep bed in low position to decrease danger of falls.

   H. When feeding residents, take precautions to avoid burns from hot food.

   I. Give instructions clearly to prepare resident for an activity.

J. Allow smoking only under supervision and in approved areas. Supervise residents when they smoke, particularly if they are weak, unsteady, or confused.

K. Allow residents to adjust to changes in position before asking them to move.

L. Lock brakes on wheelchair, shower chair, or geri-chair when not being moved.

M. When bathing residents, take precautions to avoid burning with hot water.

   1. Use a bath thermometer, if available.

   2. Check water temperature with inner forearm if a thermometer is not available.

N. Correctly apply all safety devices.

O. Assess resident's ability to ambulate; check for:

   1. Unsteady gait

   2. Unbalanced—holds on to objects

   3. Posture

   4. Complaints of dizziness

III. Reasons for Using Safety Devices (II-3)

A. To help a resident maintain proper body position and balance

B. To ensure a resident's safety

C. To keep a confused resident from disrupting a treatment procedure, such as an IV, nasogastric tube, dressing

D. To prevent a severely emotionally disturbed resident from injuring himself/herself or others

IV. Types of Safety Devices (HO 1) (II-4)

A. Bed side rails

   1. Metal frames placed on sides of bed

   2. Prevent resident from falling out

   3. Do not prevent resident from climbing out

   4. Must be securely attached

5. Should be used for residents who are blind, confused, unconscious, sedated, have muscular disabilities and seizures

6. Rails may be lowered while working at bedside

7. Remember to raise before leaving resident; be sure both side rails are up.

8. Always explain the purpose.

9. Make sure call light is within reach.

B. Safety jacket or vest

1. Canvas or mesh vest with tails that are crossed and tied behind the resident's chair or tied to the bed frame; should never be attached to bed side rails.

2. Used for the more confused resident who may climb over bed side rails or for postural support while in a chair.

3. Never use while resident is on a bedside commode or toilet.

4. Avoid wrinkles or knots that may exert pressure on the resident's skin.

5. Check every 30 minutes, and remove and exercise every two hours.

C. Safety or posey belt

1. Canvas or cloth strap large enough to be placed around the resident's waist and tied to bed frame on both sides

2. Serves the same function as safety vest; used for same reasons

3. Check skin for any signs of pressure: discoloration of skin; indentations; redness.

4. Check every 30 minutes, and remove and exercise every two hours.

D. Wrist or ankle restraints

1. A soft type cloth such as linen or muslin that is used to form a strap that slips on the wrist or ankle and tied to the bed frame; padding should be on the limb before applying to prevent skin irritation.

2. Used only as necessary to prevent a resident from disrupting a procedure; may also be used for severely agitated resident to prevent self-injury or injury to others

3. Thorough explanation to be given before applying

4. Apply in such a manner that the resident will not tighten it if he/she pulls on it.

5. Restraints should be loosened or removed one at a time and limbs exercised, at least every two hours.

6. Check circulation for impairment due to applying restraints that are too tight or if limb is restrained in an abnormal position.

7. Signs of impaired circulation:

    a. Cyanosis (blueness)

    b. Pallor

    c. Skin is cool or cold to touch

    d. Resident complains of tingling sensation

8. Restore circulation if any of the above signs are noted by loosening restraint, exercising, and massaging limb.

E. Mittens

1. A device made of soft material that completely covers the hand; prevents grasping but does not restrict movement

2. Used for confused resident who may disrupt a procedure (IV)

3. Check circulation as stated for wrist restraints.

4. Remove every two hours and exercise hand.

F. Transfer belt

1. Canvas belt with an adjustable buckle; used when transferring or ambulating residents

2. Placed around the resident's waist; the nurse assistant grasps the belt to provide support to the resident

G. Hydraulic lift

1. A hydraulic lift with a one-piece canvas sling for transferring the extremely heavy or handicapped resident

2. Use discretion and common sense in determining if a severely spastic or handicapped resident can be lifted with the lift.

H. Geriatric chair (geri-chair; g/c) - rolling chair with a high back that has a removable tray in the front; used for postural support; check placement of tray, should not be pushed too tightly against the resident's waist

V. Additional Points in Applying Restraints (II-5,6,7,8)

A. There must be a doctor's order before applying restraints (except in an emergency situation).

B. Always explain what you will be doing and why.

C. Residents requiring restraints shall be checked every 30 minutes and released and exercised every two hours and given the opportunity to use toilet facilities; offer fluids to drink; change the resident's position

D. Put padding on any skin area that may be irritated by application of safety device.

E. Use a minimum of restraint to effectively protect the resident.

F. Give the resident the most movement possible, but still insure safety; secure ties where the resident cannot reach them and undo them.

G. Keep scissors handy should an emergency occur and you must cut a safety device so the resident can be moved quickly.

H. Be sure call light is within reach.

I. Instruct family on purpose of restraint.

J. Ask resident and family to notify nurse if restraint is causing discomfort.

K. Provide pillow props (positioning of soft props) as needed to assure good body alignment.

VI. Safety Measures for the Environment (II-9)

A. Clean up untidy conditions in the resident's room.

B. Keep all walkways free of hazards, such as shoes, chairs, bedcranks, etc.

C. Wipe up anything that spills on the floor immediately. Post a "Wet Floor" sign while it is drying.

D. Encourage use of handrails and grab bars in the shower, bathroom, and hallways.

E. Examine wheelchair, shower chairs, geri-chairs, walkers, or any other equipment for broken parts. If any are found, report to charge nurse.

F. Never handle electrical equipment with wet hands or near water.

G. Do not use extension cords except as temporary measure for only one appliance. Extension cords should not more than six feet in length.

H. Inspect cord and plugs for fraying or defects before plugging in; never place cords over resident, place under the bed.

I. Report any equipment that gives a shock when handled.

J. Post emergency phone numbers near each telephone.

K. Leave articles such as water glasses, wipes, and signal devices within reach of resident.

L. Provide adequate lighting.

VII. Summary and Conclusion

A. Resident conditions that require specific safety measures

B. Safety measures for all residents

C. Reasons for using safety devices

D. Types of safety devices

E. Additional points in applying restraints

F. Safety measures for the environment

As a health services assistant, you have the responsibility of providing safety for your residents. Keep these factors in mind every minute while at work. It is extremely important because so many of your residents are dependent upon you to meet this basic human need.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT III : EMPLOYING SAFETY CONSIDERATIONS

INTERACTION ITEMS:

1. What type of residents may require more frequent observance of safety factors?
2. When taking care of residents, what are some safety measures to keep in mind?
3. What are some reasons for applying a restraint?
4. What types of safety devices have you used on residents?
5. What is necessary before applying a restraint?
6. How often are restraints removed?
7. What precautions should be taken when using restraints on a resident whose skin is very fragile?
8. What signs would you look for that would tell you the restraint is too tight?
9. When you think of the health care environment, what other safety measures should be considered?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Have students restrained during class with various restraints
2. Have students locate brakes on beds, w/c, geri-chair and shower chairs and apply brake and release.
3. Demonstrate application of each type of restraint.
4. Have students practice applying restraints on each other.
5. Discuss feelings students experienced while being restrained.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT III : EMPLOYING SAFETY CONSIDERATIONS

EVALUATION ITEMS:

1. List two resident conditions that may require specific safety measures.

   a.

   b.

2. List four safety devices.

   a.

   b.

   c.

   d.

3. List two reasons for applying restraints.

   a.

   b.

4. How often do you check a restrained resident?

5. How often do you release the restraint and exercise the resident?

6. Which of the following is not a sign of impaired circulation? (Circle the correct answer.)

   a. Cyanosis
   b. Skin is warm to touch
   c. Pallor
   d. Resident complains of tingling sensation

For each of the following, write "T" if the statement is true or "F" if the statement is false.

_____ 7. Keeping the bed in the low position will decrease the danger of falls.

_____ 8. Eyeglasses have nothing to do with safety for the resident.

_____ 9. Bed brakes should be unlocked at all times.

_____10. Allow the resident to adjust from a lying down (supine) to sitting up position before transferring to a chair.

_____11. The only reason to apply a safety device is to ensure a resident's safety.

_____12. It is not appropriate to lower a siderail while you are working at that side of the bed.

_____13. A physician's order is needed to apply restraints unless it is an emergency situation.

_____14. The more restraints the nursing assistant can use on a resident, the better protected the resident will be.

_____15. No explanation should be given to residents when applying restraints because this makes them harder to control.

_____16. Residents should be allowed as much movement as possible but kept within limits of safety.

_____17. Extra padding should be used if the resident's skin is very thin.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT III : EMPLOYING SAFETY CONSIDERATIONS

ANSWERS TO EVALUATION ITEMS:

1. The student may list any two of the following:

   a. Confused
   b. Elderly
   c. Resident sedated with drugs
   d. Unconscious

2. The student may list any four of the following:

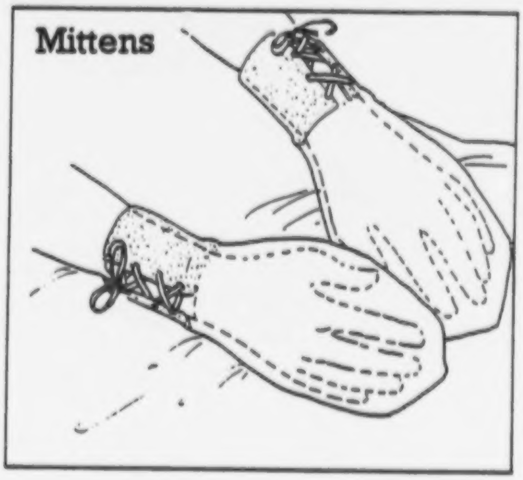
   a. Bed side rails
   b. Safety jacket or vest
   c. Safety or posey belt
   d. Wrist or ankle restraints
   e. Mittens
   f. Transfer belt
   g. Hydraulic lift
   h. Geriatric chair
3. The student may list any two of the following:

   a. To help a resident maintain proper body position and balance
   b. To ensure a resident's safety
   c. To keep a confused resident from disrupting a treatment procedure, such as an IV, nasogastric tube, dressing
   d. To prevent a severely emotionally disturbed resident from injuring himself/herself or others

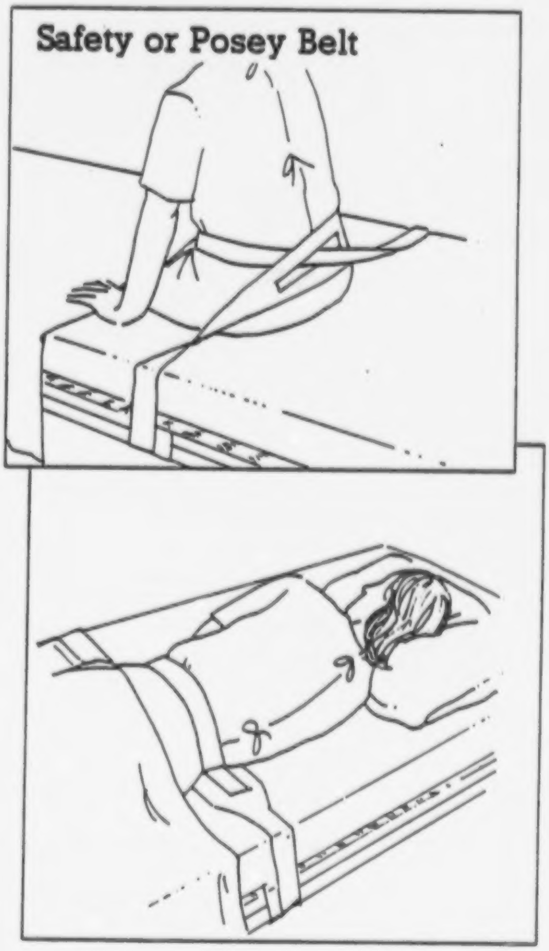
4. Every 30 minutes
5. Every two hours
6. b
7. T
8. F
9. F
10. T
11. F
12. F
13. T
14. F
15. F
16. T
17. T

HO 1

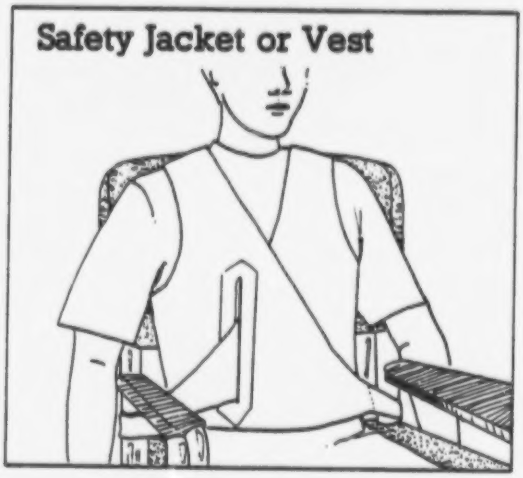
Safety Devices



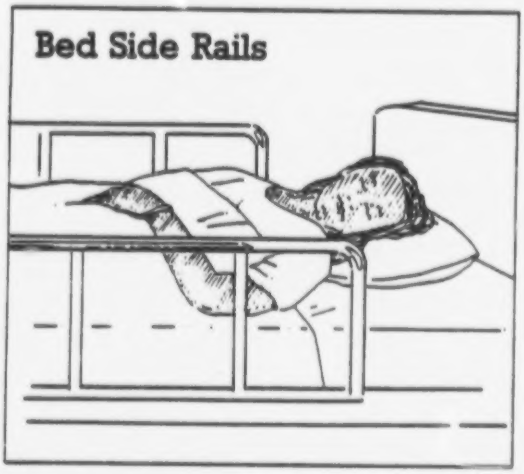
Mittens



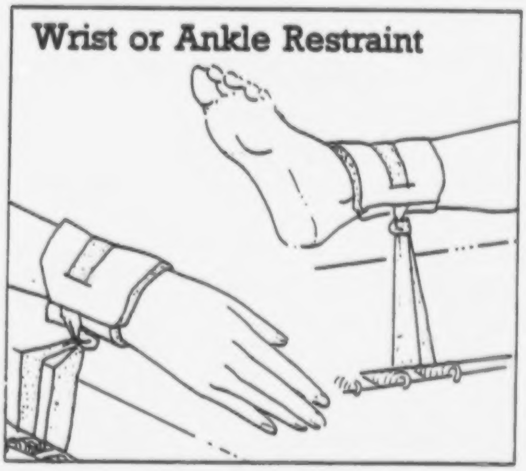
Safety or Posey Belt



Safety Jacket or Vest



Bed Side Rails



Wrist or Ankle Restraint

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT III : EMPLOYING SAFETY CONSIDERATIONS

SCOPE OF UNIT:

This unit covers all areas of safety. It refers to specific measures to be aware of regarding residents, the environment, and particular safety devices, as well as the role of the health services assistant in fire and disaster safety.

INFORMATION TOPIC: III-2 OR DEMONSTRATION:

FIRE, DISASTERS AND EMERGENCIES
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Match terms presented in this lesson to correct definitions.
2. Identify methods of fire prevention.
3. Describe what to do in case of fire.
4. Identify the difference between tornado watch and tornado warning.
5. Discuss what actions should be taker should an earthquake occur.
6. Identify steps to control hemorrhage from a cut.
7. Demonstrate the proper steps to follow should a resident fall while attended.
8. Demonstrate the proper steps to follow should a resident fall while unattended.
9. List observations that should be made during a seizure.
10. Identify precautions to avoid choking.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Moving Resident to Safety
2. HO 2: Safely Handling a Falling Resident

3. HO 3: Sign of Choking
4. Fire extinguishers
5. Facility floor plan
6. Film: "Drop, Drag, and Carry" from Fire Prevention through Films, Inc.

INFORMATIONAL ASSIGNMENT: (Student)

Schneidman, Rose and Susan Lambert. Being A Nursing Assistant. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986 p. 73.

REFERENCES: (Instructor's Additional Information)

Johnson-Pawlson, Jean and Marsha Goodwin. How to be a Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1985, pp. 171; 185-186.

McClelland, Sharon and Geraldine Kaspar. A Clinical Manual for Nursing Assistants. Monterey, CA: Wadsworth Health Sciences Division, 1985, pp. 154-160.

Schneidman, Rose and Susan Lambert. Being A Nursing Assistant. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986 p. 73.

Safety Tips for Earthquakes. Federal Emergency Management Agency, July, 1982.

INTRODUCTION:

The health care assistant must be aware of what to do if faced with a disaster or emergency. Many times we do not think about these things beforehand. It is necessary for you to concentrate on this information since these are not everyday occurrences. An emergency requires quick action, and your residents will be depending upon you once again for assistance and reassurance.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT III : EMPLOYING SAFETY CONSIDERATIONS

OUTLINE: (Key Points)

I. Terms and Definitions

   A. Extremities - the arms, legs, hands, and feet

   B. Hemorrhage - excessive bleeding

   C. Obese - extremely fat

   D. Obstruction - a blockage

   E. Seizure - sudden, periodic attacks of muscles contracting and relaxing

   F. Supine - lying on one's back

   G. Unconscious - lacking in awareness of the individual

   H. Ventilate - give air to

II. Fire Safety (II-1)

   A. Fire prevention

      1. Smoking is the number one cause of fires in health care institutions.

      2. Never empty ashtrays into any container that may contain flammable materials.

      3. Allow smoking only under supervision and in approved areas.

      4. Study and understand the fire evacuation plan.

      5. Know the facility's floor plan and location of all fire alarms.

      6. Know locations of fire extinguishers and how to use each type.

      7. Never prop open a fire door.

      8. Participate in fire drills.

      9. Exits should be clearly designated and not obstructed.

10. Report any fire hazards you find to charge personnel immediately.

11. Do not use extension cords except as a temporary measure, and then for only one appliance. Extension cords should not be longer than six feet.

12. Have scissors within easy reach to remove restraints in case of an emergency.

13. Know precautions needed for storage and use of oxygen.

14. Use proper precautions with combustible cleaning compounds.

15. Follow facility policies regarding lights, Christmas trees, appliances, etc.

B. In case of fire (II-2,3)

1. Remove resident(s) from the area of immediate danger to the nearest safe area.

2. Close the door of that room as you leave. This is an absolute must if the fire is in that room.

3. Notify the fire department immediately.

4. Calmly notify another employee in the facility of the fire—preferably the charge nurse.

5. All employees proceed to their assigned fire stations and begin preassigned duties, such as closing fire and smoke doors, closing windows, removing additional residents adjacent to danger area, shutting off mechanical equipment.

6. Attempt to extinguish the fire with the proper fire extinguisher. Remember to always feel door before entering; if it is warm to touch, wait and let fire department handle it.

7. Evacuation instructions

    a. Residents near fire or smoke must be first.

    b. Remove ambulatory residents first, then wheelchair residents and then bedridden residents.

    c. Be able to perform various resident carries. (HO 1)

    d. Your primary concern and first responsibility is always the residents' safety.

    e. A staff member must remain with the evacuated residents to prevent any of them from re-entering the facility.

8. Remember the first five minutes of a fire is more critical than the next five hours.

9. Remember you must never open windows to get a breath of fresh air.

10. Cover mouth and nose with wet washcloth or towel to reduce smoke inhalation.

11. Never use an elevator during a fire.

III. Tornado Safety

A. The average tornado lasts from eight to ten seconds.

B. Hail often immediately precedes a tornado.

C. Tornado watch

1. Is announced when conditions are such that a tornado may develop

2. Radio and/or television should be on and someone assigned to listen to local station for weather reports.

3. Flashlights should be secured and all staff members made aware of weather conditions.

4. Proceed with the following as requested by the charge nurse:

   a. Clear windowsills of all objects; put all heavy, sharp or glass objects and plants in closets or drawers.

   b. If residents are up in chairs, do not put them back in bed.

   c. Move bedridden residents into chairs, or put an overbed table and blanket next to the bed so they can be positioned over the resident's face when needed.

   d. Check outside areas for loose objects such as chairs, vases, garden tools, etc., and bring them inside.

   e. Open a few windows around the building an inch or two.

D. Tornado warning

1. Occurs when a tornado has been identified within the local area of a community.

2. Alarms will be sounded.

3. Clear all large rooms (dining room, activities room, etc.) of all residents and staff personnel. Move all residents into hallways near exits or into closets, or away from windows. Bedridden residents may remain in bed—push the bed against the door wall; pull window curtains and privacy curtains. Extra blankets should be applied.

4. Close doors to resident rooms securely, close fire doors.

5. Do not block any doorways to hall, fire doors or exit ways.

6. Cover residents in hallways with blankets or bedspreads to protect them from flying glass.

7. Continue to monitor weather reports.

E. After tornado passes

1. Restore calm to residents.

2. Check all residents for injuries and other ill effects.

3. Check for fires throughout the facility.

4. Follow charge nurse's instructions.

IV. Earthquake Safety

A. During an earthquake, the "solid" earth moves like the deck of a ship. The actual movement of the ground, however, is seldom the direct cause of death or injury. Most casualties result from falling objects and debris because the shocks can shake, damage, or demolish buildings. Earthquakes may also trigger landslides or cause fires.

B. If an earthquake occurs try to STAY CALM. Think before you act.

1. Stay where you are.

a. If inside, stay there; take cover under a heavy object like a desk, table, bench, in a supported doorway, or along an inside wall. Do not use candles, matches, or other open flames either during or after the tremor because of possible gas leaks. (II-6)

b. If outside, stay there; move away from buildings and utility wires. The greatest danger from falling debris is just outside doorways and close to outer walls. Once in the open, stay there until the shaking stops.

C. After an earthquake

1. Be prepared for additional earthquake shocks.

2. Check for injuries. Do not attempt to move seriously injured persons unless they are in immediate danger of further injury.

3. Turn on the radio or television to get the latest emergency information from local authorities.

4. Do not touch downed powerlines or objects in contact with downed lines.

5. Immediately clean up spilled medicines, drugs, flammable liquids, and other potentially hazardous materials.

6. Use the telephone only for genuine emergency calls.

V. Emergency Situations

A. Hemorrhage

1. If resident falls and cuts himself/herself and is bleeding in large amounts, follow these steps:

   a. Call for help as you go to the resident.

   b. Apply firm pressure with your hand over the wound, use a clean cloth if available. (II-7)

   c. Stay with resident until more help comes.

   d. If the injury is to an arm or leg and you can move the arm or leg without causing further injury, raise the bleeding site above heart level to slow down the blood coming to the area.

   e. If the resident is standing up, assist her/him to lie on a bed, couch, or on the floor so she/he does not faint from blood loss and fall.

   f. Do not apply a tourniquet.

   g. Follow directions given by the charge nurse.

B. Falls

1. If the resident falls while he/she is unattended:

   a. Call for help immediately.

   b. Do not move resident until the charge nurse has assessed injuries. Be calm, let the resident know help is on the way. Stay with the resident.

c. Check for swelling, bruising, position change of any extremities, and complaint of pain, and accurately report to charge nurse.

d. Assist charge nurse by checking vital signs.

e. Assist charge nurse in moving resident. This may require as many as four or five people, depending on the size of the resident and location of injury. Support resident and hold securely when moving.

2. If the resident falls while attended by a health services assistant: (HO·2)

   a. Do not try to prevent the fall; do try to prevent injury.

   b. Use your body in the following steps:

      1. Remember body mechanics - feet apart, back straight.

      2. Pull resident close to you - hold on to her/him using gait belt or by wrapping your arms around his/her waist or underarms.

      3. Gently lower yourself to the floor, keeping your back straight.

      4. Call for help immediately.

      5. Do not move the resident till examined by charge nurse.

C. Seizures

1. A seizure is a convulsion—sudden, periodic attacks of muscles contracting and relaxing.

2. Follow these steps if you think a resident is having a seizure.

   a. Clear the area around the resident of anything hard or sharp.

   b. Loosen anything around his/her neck that may make breathing difficult.

   c. Put something flat and soft under her/his head.

   d. Turn the resident gently on his/her side—helps keep airway clear. Do not try to force her/his mouth open with any hard object or with your fingers. A person having a seizure cannot swallow his/her tongue, and efforts to hold her/his tongue down can injure the teeth or jaw.

        - e. Do not hold the resident down or try to stop his/her movements.
        - f. Stay with the resident until the seizure has ended.
        - g. Observe and note the following:
            - 1. Time seizure started and how long it lasted
            - 2. If the seizure started at a certain area of the body or was generalized from the start
            - 3. If the resident was incontinent

- D. Choking
    - 1. Elderly residents may be more prone to choking due to weakened muscles of mouth and throat. (II-8)
    - 2. Take the following precautions to avoid choking when feeding a resident:
        - a. Cut food into small pieces.
        - b. Do not rush resident; allow him/her time to chew the food thoroughly and swallow it before giving more.
        - c. Make sure dentures are in place and fit properly.
    - 3. To determine if a resident is actually choking, observe for the sign of choking. (HO 3)
    - 4. If the resident is able to cough, speak, or breathe, leave him/her alone. Starting the procedure at this point may cause him/her to breathe in harder and force the object further down in the respiratory tract.
    - 5. If at any point the resident develops difficulty breathing or is unable to cough or speak, start the procedure for airway obstruction (see next lesson).
    - 6. The Heimlich maneuver is usually sufficient to "pop" the obstructing object out of the resident's airway; the maneuver forces air out of the lungs pushing the object out with it.

VI. Summary and Conclusion

- A. Terms and definitions
- B. Fire safety
- C. Tornado safety
- D. Earthquake safety

E. Emergency situations

This information is fresh in your mind, and you would probably be able to respond appropriately and quickly if faced with any of the situations mentioned. It is important though for you to review this lesson plan periodically because in six months to a year from now it will not be as fresh in your mind. To perform in a safe manner you must be acquainted with the proper way of handling all of these situations.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT III : EMPLOYING SAFETY CONSIDERATIONS

INTERACTION ITEMS:

1. What are some things that may cause a fire in the facility?
2. What is the first thing you do when you find a fire?
3. Who do you evacuate first?
4. What is the difference between tornado watch and warning?
5. Have any of you ever been in a tornado? What was it like?
6. If you are in the facility during an earthquake, where would be a good place to take cover?
7. Why don't you apply a tourniquet?
8. What are some things you do to help prevent choking?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Have students demonstrate how to remove a bedridden resident during a fire.
2. Have students locate fire alarms, extinguishers, and exits in the facility.
3. Demonstrate proper use of fire extinguishers.
4. Show film, "Drop, Drag, and Carry."
5. Have students practice falling with another student (one as the health services assistant and the other as the resident).

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT III : EMPLOYING SAFETY CONSIDERATIONS

EVALUATION ITEMS:

Match the following terms to correct definitions by writing the letter in the blank.

____ 1. Seizure
____ 2. Unconscious
____ 3. Supine
____ 4. Hemorrhage
____ 5. Ventilate
____ 6. Obese
____ 7. Extremities
____ 8. Obstruction

a. The arms, legs, hands, and feet
b. Give air to
c. Excessive bleeding
d. Lying on one's back
e. Sudden, periodic attacks of muscles contracting and relaxing
f. Extremely fat
g. Lacking in awareness of the individual
h. A blockage

9. The number one cause of fires in health care institutions is from: (Circle the letter of the correct answers.)

A. Faulty wiring
B. Smoking
C. Too many things plugged into one outlet
D. Using flammable liquids around gas (from dryers, hot water heaters)

For each of the following, write "T" if the statement is true or "F" if it is false.

____10. If a fire occurs in a resident's room, immediately leave to get a fire extinguisher.

____11. The resident in a w/c must be evacuated first.

____12. Cover your mouth and nose with a wet washcloth during a fire to reduce smoke inhalation.

____13. The average tornado lasts from eight to ten seconds.

____14. All windows should be closed when preparing for a tornado.

_____15. A tornado watch means conditions are such that a tornado may develop.

_____16. If a resident appears seriously injured after an earthquake, do not attempt to move him/her unless there is immediate danger of further injury.

_____17. One of the first steps to take if someone is bleeding is to apply a tourniquet.

_____18. Protecting the resident from further injury during a seizure is very important.

_____19. It is important to note what time the seizure started and how long it lasted.

Answer the following:

20. You walk in Mrs. Taft's room. There are some flames shooting up from a wastebasket; they are catching onto the bedspread. Mrs. Taft is in the bathroom. What steps will you take?

21. List four emergency situations you may be faced with at some point when taking care of residents:

    a.

    b.

    c.

    d.

22. You enter the room of Mrs. Harris, and you find her lying on the floor beside her bed. She is crying. What will you do?

23. To avoid choking when feeding a resident do all of the following except: (Circle the letter of the correct answer.)

a. Cut food in small pieces.
b. Give manageable amounts of food at a time.
c. Don't bother putting dentures in.
d. Allow the resident time to chew and swallow the food.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT III : EMPLOYING SAFETY CONSIDERATIONS

ANSWERS TO EVALUATION ITEMS:

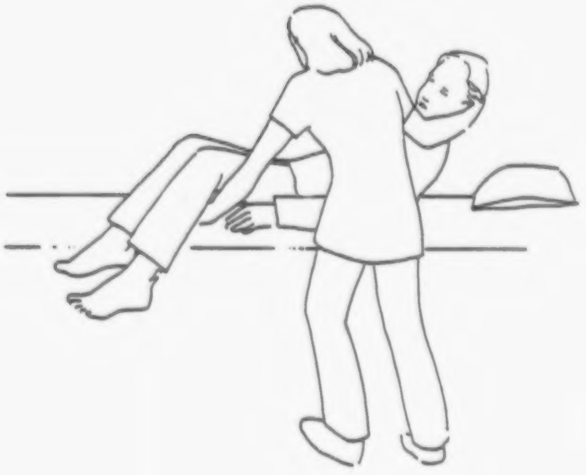
1. e
2. g
3. d
4. c
5. b
6. f
7. a
8. h
9. a
10. F
11. F
12. T
13. T
14. F
15. T
16. T
17. F
18. T
19. T
20. Remove Mrs. Taft from her room, closing the door as you leave the room. Take Mrs. Taft to the nearest safe area and call the fire department. Tell the charge nurse (or another employee if the charge nurse is not available) that there is a fire in Mrs. Taft's room. All employees should proceed to their assigned fire stations and begin preassigned duties of closing fire and smoke doors, windows, removing additional residents adjacent to the danger area, and shutting off mechanical equipment. Return to Mrs. Taft's room with an appropriate fire extinguisher. Before opening the door to enter the room and attempt to extinguish the fire, feel the door. If the door feels warm do not reenter the room; let the fire department handle it.
21. a. Hemorrhage
    b. Falls
    c. Seizures
    d. Choking

22. Call for help immediately. Be calm; reassure Mrs. Harris and stay with her. Do not attempt to move Mrs. Harris until the charge nurse has assessed injuries. Help the charge nurse with the assessment by checking for swelling, bruising, position change of any extremities, c/o pain; also check vital signs. Assist the charge nurse and others who may be required to help move Mrs. Harris.

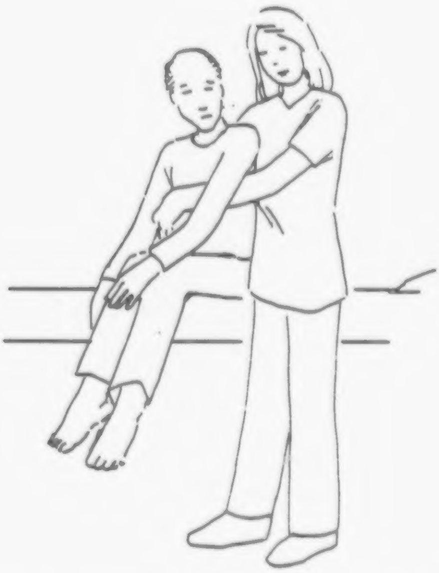
23. c

HO 1

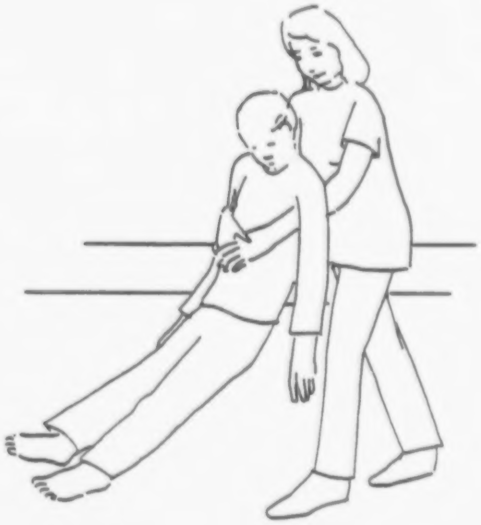
Moving Resident to Safety



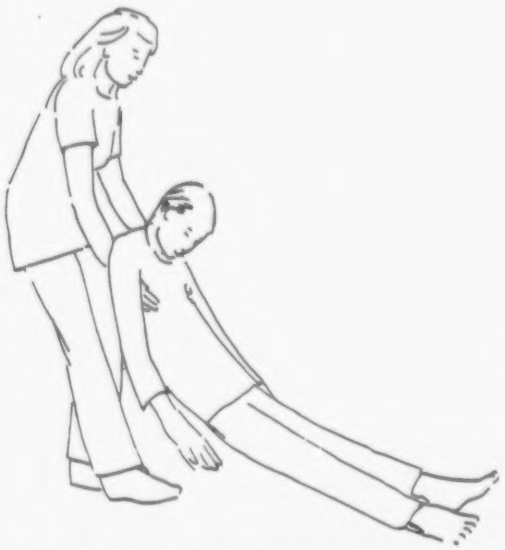
1. Lift patient to a sitting position, legs over side of bed.



2. Grasp patient from behind, under arms.



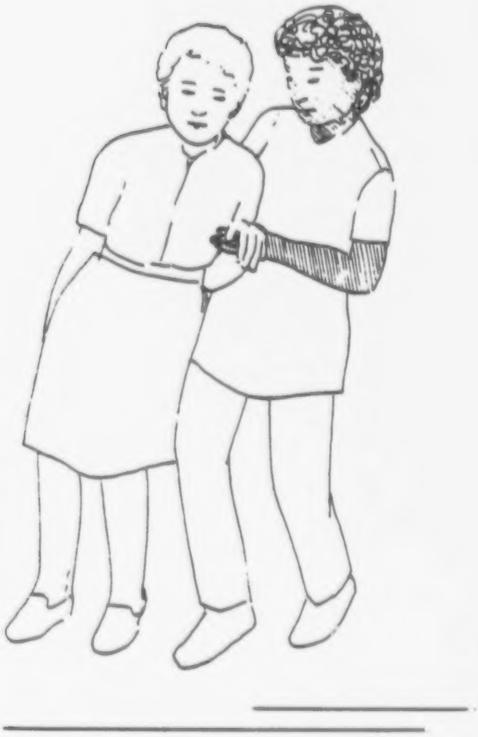
3. Slide patient from bed, lower to floor.

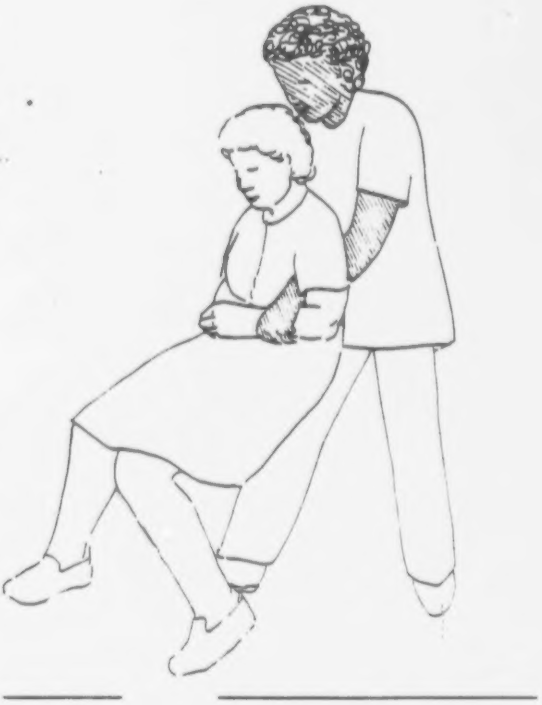


4. Drag from room, hands under shoulders at arms. If conditions permit, roll patient onto blanket, then drag from room.

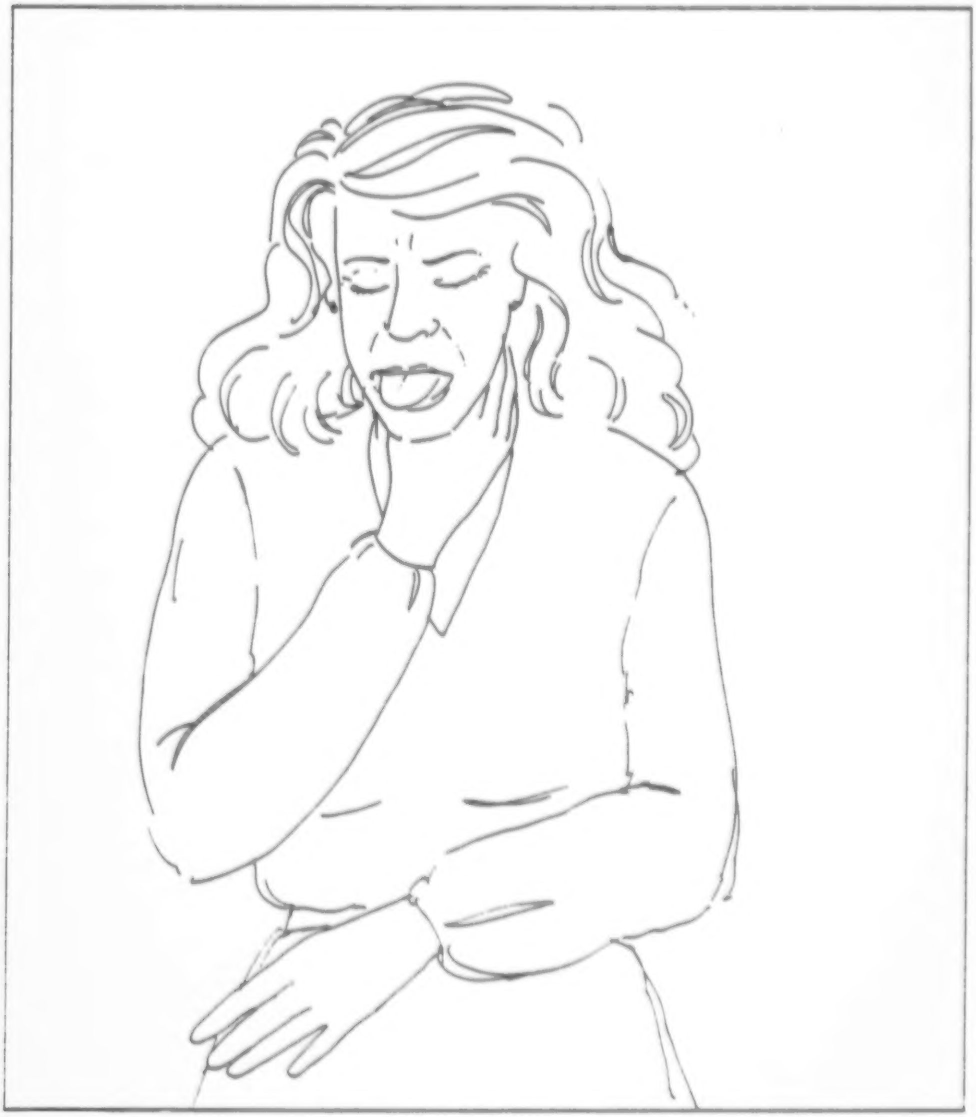
Safely Handling a Falling Resident

When handling a falling resident, pull him/her close to your body and gently ease her/him to the floor.





Sign of Choking



LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT III : EMPLOYING SAFETY CONSIDERATIONS

SCOPE OF UNIT:

This unit covers all areas of safety. It refers to specific measures to be aware of regarding residents, the environment, and particular safety devices, as well as the role of the health services assistant in fire and disaster safety.

INFORMATION TOPIC: OR DEMONSTRATION: III-3

FIRST AID FOR THE CHOKING VICTIM
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Demonstrate correct technique in providing first aid for a conscious or unconscious choking victim according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: First Aid for the Choking Victim
2. Film: "How to Save a Choking Victim—The Heimlich Maneuver." Check local libraries, health department, etc. Is available through St. Louis city and county libraries.

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Johnson-Pawlson, Jean and Marsha Goodwin. How to be a Nurse Aide in a Nursing Home. Washington, DC: American Health Care Association, 1985, pp. 170-171.

McClelland, Sharon and Geraldine Kaspar. A Clinical Manual for Nursing Assistants. Monterey, CA: Wadsworth Health Sciences Division, 1985, pp. 154-160.

Sumner, Sara. "An Update on BCLS Standards." Nursing '86. November, 1986, Springhouse Corp., pp. 48-49.

INTRODUCTION:

In the previous lesson we discussed the information for recognizing a choking victim and when to start first aid. The following procedure is recommended by the American Red Cross and the American Heart Association. The Heimlich maneuver, also called abdominal thrusts or "bear hugs," can be done in sitting, standing, or supine position. It is now recommended to use only abdominal thrusts rather than abdominal thrusts with back blows. Exclusive use of abdominal thrusts has been found to be more effective and safer. This method is recommended for anyone over one year of age including women in late pregnancy and markedly obese persons.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT III : EMPLOYING SAFETY CONSIDERATIONS

STEPS OF PROCEDURE:

Conscious Victim (HO 1)

1. Call for help as you are approaching victim.

2. Check for signs of choking. If the victim cannot speak, cough, or breathe, give upward abdominal thrusts by locking hands together, fingers of one hand curled into those of the other; press into the resident's abdomen above the navel and below the rib cage with an upward thrust.

3. If the resident is obese, lock hands together and apply thrust to middle of sternum (breast bone); exert a quick backward pressure to chest.

4. If unsuccessful in dislodging obstruction, continue the thrusts. Be persistent.

5. Continue uninterrupted until advanced life support is available.

Unconscious Victim

1. Call for help as you are approaching victim.

2. Check for unresponsiveness and no breathing.

3. Open airway by tilting head back with one of your hands under the bony part of the victim's chin and the other on the forehead (moves the tongue forward). Pinch the nose and try to ventilate mouth-to-mouth.

4. If unsuccessful, reposition the head and attempt to ventilate again.

5. If unsuccessful in dislodging obstruction, give 6-10 abdominal thrusts; if obese give 6-10 backward chest thrusts.

6. If unsuccessful, do the mouth sweep--grasp the tongue and lower jaw with one hand and lift up (pulls the tongue forward and away from back of throat so you can see what is back there). Insert index finger of other hand down along cheek and deep in throat to base of tongue, using a hooking motion; be careful not to push object further down the respiratory tract.

7. If unsuccessful, repeat above sequence. Be persistent.

8. Continue uninterrupted until advanced life support is available.

SUMMARY AND CONCLUSION:

1. Ask interaction items.

2. Review steps of procedure.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT III : EMPLOYING SAFETY CONSIDERATIONS

INTERACTION ITEMS:

1. Why don't you do thrusts on someone who can speak, cough, or breathe?
2. Why shouldn't you hesitate if the person cannot speak?
3. How do you hold the hands to do the thrusts?
4. When does the procedure stop?
5. What is the first step for the conscious victim?
6. What is the first step for the unconscious victim?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. View film, "How to Save a Choking Victim--The Heimlich Maneuver."
2. Demonstrate first aid for the choking victim.
3. Have students practice steps of procedure on each other.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT III : EMPLOYING SAFETY CONSIDERATIONS

EVALUATION ITEMS:

NAME OF STUDENT ____________________

FIRST AID FOR THE CHOKING VICTIM

EQUIPMENT:

DID THE STUDENT	YES	NO
Conscious Victim		
1. Call for help as he/she approaches victim.		
2. Check for signs of choking.		
3. Begin abdominal thrusts.		
4. Begin backward chest thrusts for obese victim.		
5. Continue thrust until obstruction is dislodged or until advanced life support is available.		
Unconscious Victim		
1. Call for help as he/she approaches victim.		
2. Check for unresponsiveness and no breathing.		
3. Open airway and ventilate mouth-to-mouth.		
4. If unsuccessful, reposition head and attempt to ventilate again.		
5. If unsuccessful in dislodging obstruction give abdominal thrusts; give backward chest thrusts for obese victim.		
6. If unsuccessful, do mouth sweep.		
7. If unsuccessful, repeat sequence.		
8. Continue procedure until advanced life support is available.		

The student has satisfactorily completed the procedure "FIRST AID FOR THE CHOKING VICTIM" according to the steps outlined.

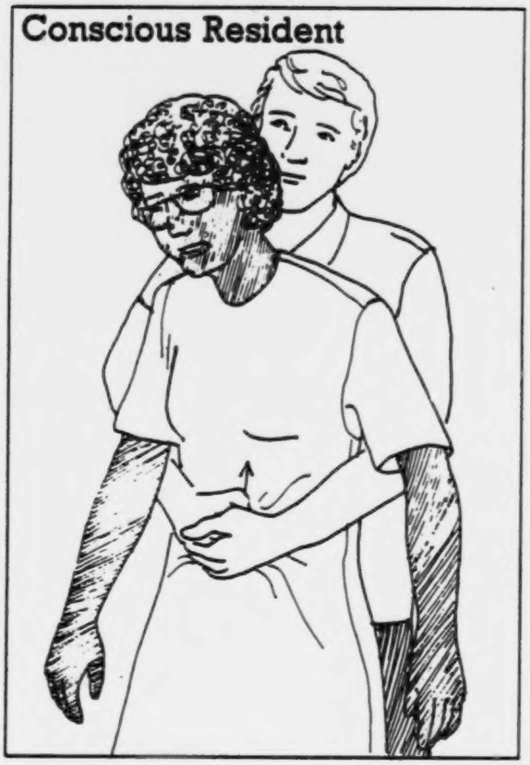
____

Instructor's Charge Personnel's Signature
(Verifying Satisfactory Completion)

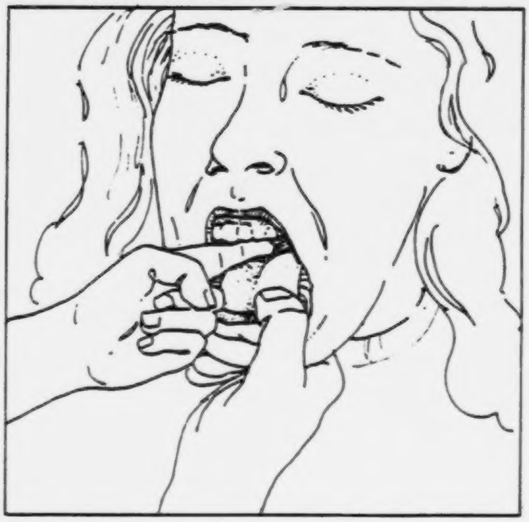
____

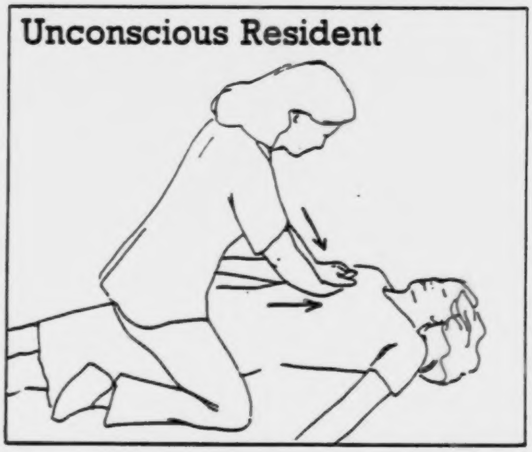
(Date)

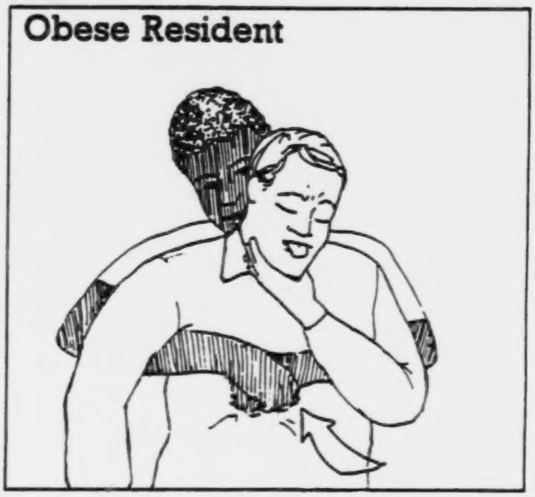
First Aid for the Choking Victim


Conscious Resident

MOUTH SWEEP




Unconscious Resident


Obese Resident

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV : RECOGNIZING CONCEPTS OF MICROBIOLOGY

SCOPE OF UNIT:

Introduction to the types of infection, the factors required to promote infection, the determination of the presence of infection, and the measures to diagnose and control infections are covered in this unit.

INFORMATION TOPIC: IV-1 OR DEMONSTRATION:

MICROORGANISMS
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Identify terms pertaining to microorganisms by matching with definitions.
2. Name the two classifications of microorganisms and two examples from each classification.
3. Match the types of microorganisms with the major groups.
4. Identify six types of bacteria.
5. Identify factors which affect growth of microorganisms.
6. Identify methods of transmission of microorganisms.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Types of Bacteria
2. Carolina Biologicals, prepared slides of microorganisms
3. Shell Film Library film: "Unseen Enemies"

INFORMATIONAL ASSIGNMENT:

Rosdahl, Caroline Bunker. Basic Nursing. 4th ed. Philadelphia: J.B. Lippincott, 1985.

Schneidman, Rose and Susan Lambert. Being A Nursing Assistant. 4th ed., Bowie, MD: The Robert J. Brady Co., 1986.

REFERENCES:

Schwartz, Estelle and Lillian Potter. Foundations of Patient Care. Philadelphia: J. B. Lippincott Co., 1981.

Thomas, Virginia. Life Sciences for Nursing and Health Technologies. 2nd ed. Huntington Beach, CA: Technicourse, Inc., 1974.

INTRODUCTION:

Why is it important for you to know the different kinds of microorganisms and what makes them grow and reproduce? (1) You can understand why our scientists continue to study living organisms. (2) You will have a knowledge of basic concepts which you can use to further your interest into detailed study of microbiology or related areas. (3) You will understand the necessity of eliminating disease vectors.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV : RECOGNIZING CONCEPTS OF MICROBIOLOGY

OUTLINE: (Key Points)

I. Terms and Definitions

A. Aerobic organism - a microorganism that requires oxygen in order to live

B. Anaerobic organism - a microorganism that can exist only in the absence of air

C. Bacteriology - study of bacteria

D. Gram positive or gram negative bacteria - denotes color the bacteria take when a special stain is used

E. Inclusion bodies - colonies of viruses growing in tissues

F. Host - person, animal, or plant which supports a parasite

G. Metazoa - multicellular animal forms, e.g., roundworms, tapeworms

H. Microbiology - the scientific study of microorganisms

I. Parasitic organism - one which uses living organic material as a source of food

J. Pathogenic organism - one which produces disease

K. pH - the degree to which a solution is acidic or basic

L. Protozoa - one-celled animals

M. Virulence - the disease-producing power of an organism

N. Virus - smallest of all microorganisms

II. Classifications of Microorganisms (II-1)

A. Scientific classification

1. Plant

2. Animal

3. Protista

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B. Practical classification
    1. Pathogenic
    2. Parasitic
    3. Anaerobic
    4. Aerobic

III. Major Groups of Microorganisms

A. Bacteria - single-celled

B. Fungi
    1. Molds
        a. Histoplasmosis
        b. Ringworm
        c. Athlete's foot
    2. Yeasts
        a. Yeast vaginitis
        b. Thrush

C. Protozoa - one-celled animals
    1. Life cycle - some require two hosts for life cycle
    2. Protozoal disease
        a. Malaria
        b. African sleeping sickness (African trypanosomiasis)
        c. Amebic dysentery
        d. Trichomoniasis (vaginal infection)

D. Metazoa - multicellular animal forms
    1. Life cycle - many require two hosts
    2. Metazoal disease
        a. Pin worms
        b. Hookworm

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        c. Trichinosis

        d. Tape worms

  E. Viruses - smallest of all organisms

    1. Size - may not be seen with microscope

    2. Types - many different types; affect different parts of body

  F. Rickettsiae - classified as protista

    1. Transmission - usually by mosquitoes, body lice, wood ticks, and mites

    2. Rickettsial diseases

        a. Rocky Mountain spotted fever

        b. Typhus fever

IV. Types of Bacteria (HO 1)

  A. Bacillus

  B. Spirochete

  C. Spirillum

  D. Diplococcus

  E. Staphylococcus

  F. Streptococcus

  G. Coccus

V. Factors Affecting the Growth of Bacteria and Other Microorganisms (II-2)

  A. Moisture

  B. Oxygen

  C. Light

  D. Temperatures

  E. pH

  F. Food

VI. Methods of Transmission

  A. Direct contact - personal contact or secretions from an infected person

  B. Indirect contact - touching articles belonging to an infected person

  C. Droplet spread - coughing, sneezing, talking

  D. Vehicle - contaminated food, blood, drugs

  E. Airborne - insects, excrement, dust particles, moisture in air

VII. Summary and Conclusion

  A. Terms and definitions

  B. Classifications of microorganisms

  C. Major groups of microorganisms

  D. Types of bacteria

  E. Factors affecting growth of bacteria and other microorganisms

  F. Methods of transmission

In the next lesson, you will learn how microorganisms spread and how they enter the body. Review the handouts and the reading assignment found in the lesson.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV : RECOGNIZING CONCEPTS OF MICROBIOLOGY

INTERACTION ITEMS: (Review Items)

1. What are the two classifications of microorganisms?
2. What are the ideal conditions for growth of microorganisms?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Show film.
2. Invite a microbiologist as a guest speaker.
3. Observe prepared slides of some major microorganisms under a microscope.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV : RECOGNIZING CONCEPTS OF MICROBIOLOGY

EVALUATION ITEMS:

1. Match the terms on the right with the correct definition by putting the appropriate number in the blank.

____ a. One which uses living organic material as a source of food

____ b. Study of bacteria

____ c. One-celled animals

____ d. The disease-producing power of an organism

____ e. The scientific study of microorganisms

____ f. A microorganism that requires oxygen in order to live

____ g. The degree to which a solution is acidic or basic

____ h. Person, animal, or plant which supports a parasite

____ i. Colonies of viruses growing in tissues

____ j. Smallest of all microorganisms

____ k. One which produces disease

____ l. Multicellular animal forms, e.g., roundworms, tapeworms

____ m. Denotes color the bacteria takes when a special stain is used

____ n. A microorganism that can exist only in the absence of air

1. Microbiology
2. Pathogenic organism
3. Parasitic organism
4. Anaerobic organism
5. Bacteriology
6. pH
7. Metazoa
8. Protozoa
9. Gram positive or gram negative bacteria
10. Inclusion bodies
11. Virulence
12. Host
13. Virus
14. Aerobic organism

2. List the two classifications of microorganisms and give at least two examples of each.

   a.

      1.

      2.

   b.

      1.

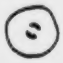
      2.

3. Match the following microorganisms with their major groups.

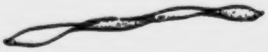
____	a.	One-celled animals	1.	Bacteria
____	b.	Smallest of all microorganisms	2.	Fungi
____	c.	Yeasts	3.	Metazoa
____	d.	Protista	4.	Protozoa
____	e.	Cocci	5.	Rickettsial
____	f.	Multicellular animal forms	6.	Virus

4. Identify these different types of bacteria:

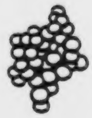
   a. ______________________________



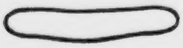
   b. ______________________________



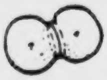
   c. ______________________________



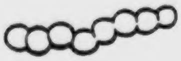
   d. ______________________________



   e. ______________________________



   f. ______________________________



5. List factors which affect the growth of bacteria.

a.

b.

c.

d.

e.

f.

6. Match the following methods of transmission with their definitions.

____ a. Transmitted by sneezing

____ b. Transmitted by touching articles of an infected person

____ c. Transmitted through contaminated food

____ d. Transmitted through air

____ e. Transmitted through personal contact or secretions from an infected person

1. Airborne
2. Direct contact
3. Droplet
4. Indirect contact
5. Vehicle

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV: RECOGNIZING CONCEPTS OF MICROBIOLOGY

ANSWERS TO EVALUATION ITEMS:

1. a. 3
   b. 5
   c. 8
   d. 11
   e. 1
   f. 14
   g. 6
   h. 12
   i. 10
   j. 13
   k. 2
   l. 7
   m. 9

2. a. Scientific - the student may list any two of the following:
      1. Plant
      2. Animal
      3. Protista
   b. Practical - the student may list any two of the following:
      1. Pathogenic
      2. Parasitic
      3. Anaerobic

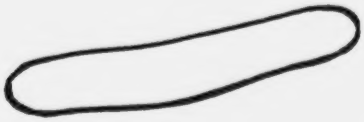
3. a. 4
   b. 6
   c. 2
   d. 5
   e. 1
   f. 3

4. a. Coccus
   b. Spirochete
   c. Staphylococcus
   d. Bacillus
   e. Diplococcus
   f. Streptococcus

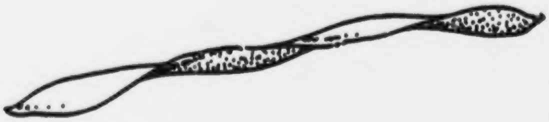
5. a. Moisture
   b. Oxygen
   c. Light
   d. Temperature
   e. pH
   f. food

6. a. 3
   b. 4
   c. 5
   d. 1
   e. 2

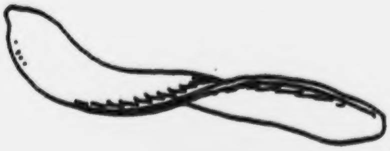
Types of Bacteria



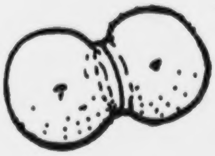
Bacillus



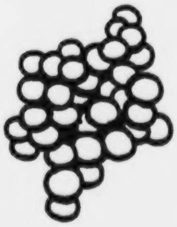
Spirochete



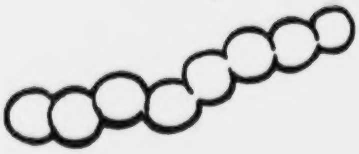
Spirillum



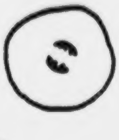
Diplococcus



Staphylococcus



Streptococcus



Coccus

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV : RECOGNIZING CONCEPTS OF MICROBIOLOGY

SCOPE OF UNIT:

Introduction to the types of infection, the factors required to promote infection, the determination of the presence of infection, and the measures to diagnose and control infections are covered in this unit.

INFORMATION TOPIC: IV-2 OR DEMONSTRATION:

INFECTIOUS DISEASES AND ASEPSIS
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Match terms related to infectious disease and asepsis to correct definitions.
2. Differentiate between types of infectious diseases according to location, duration, and site.
3. List the pathogen effect on the body.
4. Identify factors required to promote infection.
5. Name factors which determine the presence of infection.
6. List methods of laboratory diagnosis of infectious diseases.
7. List measures that control infection.
8. List factors to remember in handling sterile supplies.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Ways Organisms are Spread
2. HO 2: Geri Germ
3. Trainex filmstrip: "Medical Asepsis"
4. Trainex filmstrip: "Sterile Technique and Dressing Change"

INFORMATIONAL ASSIGNMENT:

Schneidman, Rose, and Susan Lambert. Being A Nursing Assistant. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986.

REFERENCES:

Rosdahl, Caroline Bunker. Basic Nursing. 4th ed., Philadelphia: J.B. Lippincott, 1985.

Schneidman, Rose and Susan Lambert. Being A Nursing Assistant. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986.

Simmers, Louise. Diversified Health Occupations. 1st ed. St. Louis Delmar Publishing, Inc., 1983.

INTRODUCTION:

In the first lesson of this unit, we learned about microorganisms, their characteristics, and the environmental conditions which support their growth. Today, we are going to discuss how these microorganisms are spread and how they enter the body. We will discuss measures you may use to control organisms and how to prevent the spread of infection.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV : RECOGNIZING CONCEPTS OF MICROBIOLOGY

OUTLINE: (Key Points)

I. Terms and Definitions

A. Antibiotic - a substance lethal to bacteria; drug used to destroy bacterial diseases

B. Antiseptic - an agent which prevents infections in living tissues

C. Asepsis - absence of any infectious agents

D. Carrier - a person who is not infected but transports harmful pathogens

E. Communicable disease - a disease which can be naturally transmitted from one individual to another by direct or indirect contact

F. Contamination - the presence of material which is capable of causing an infection

G. Disinfection - a process that destroys most pathogenic microorganisms on inanimate objects

H. Epidemiology - study of relationship of factors determining frequency and distribution of disease

I. Fomites - inanimate objects contaminated by infected persons

J. Incubation period - period between the entrance of the organisms to the body and beginning of symptoms

K. Infection - the entrance of living agents into tissues; these agents subsequently multiply and damage tissues (II-1)

L. Medical asepsis - protection of patients and personnel from infection or reinfection (clean technique)

M. Portal of entry - pathway by which a microorganism enters the body

N. Sterilization - the process that removes all living microorganisms

O. Surgical asepsis - sterilization; total absence of bacteria from an area (sterile technique)

P. Vector - anything animate or inanimate which carries microorganisms

II. Infectious Diseases
  A. Types according to location
    1. Local
    2. Focal
    3. Generalized
  B. Types according to duration (II-2)
    1. Acute
    2. Chronic
  C. Types according to site
    1. Primary
    2. Secondary

III. Pathogen Effect on Body
  A. Mechanical injury
  B. Body cell and tissue destruction
  C. Toxin-caused injury

IV. Factors Required to Promote Infection
  A. Chain of infection (HO 1, HO 2)
    1. Environmental link
      a. Dark
      b. Moist
      c. Warm
    2. Transmission link
      a. Hands
      b. Utensils
      c. Food
      d. Water
      e. Insects/rodents

            - f. Body discharges
    - 3. Susceptible host
        - a. Resident
            - (1) Elderly
            - (2) Weakened by illness
        - b. Coworkers
            - (1) Exposed to diseases
            - (2) Poor hygiene habits
        - c. Carrier
            - (1) Infected but no symptoms
            - (2) Can infect others

V. Factors Which Determine Presence of Infection

- A. Portal of entry
- B. Number of organisms
- C. Resistance of host
- D. Virulence of organism

VI. Laboratory Diagnosis (II-3)

- A. Blood tests
- B. Cultures
- C. Smears
- D. Animal innoculation

VII. Measures that Control Infection (II-4)

- A. Proper handwashing technique
- B. Linen change
- C. Sanitation
- D. Disinfection
    - 1. Thermometers

   2. Utensils

E. Handling of equipment and supplies

   1. Discard disposables after each use

   2. Avoid common use of such items as combs, brushes, body powder, petroleum jelly, and razors.

F. Sterilization

   1. Usually by licensed staff

   2. Requires special processing and handling

      a. Autoclave - pressure steam sterilizer

      b. Gas sterilization - use of gases under pressure

      c. Chemicals - cannot be used on all articles

G. Factors to consider in handling sterile supplies

   1. Never touch sterile articles with unsterile ones.

   2. Discard an article if you should happen to contaminate it or if you are not sure if it is contaminated or not.

   3. Moisture may cause contamination of a sterile field.

   4. Never reach over sterile supplies.

VIII. Summary and Conclusion

A. Terms and definitions

B. Infectious diseases

C. Pathogen effect on body

D. Factors required to promote infections

E. Factors which determine presence of infection

F. Laboratory diagnosis

G. Measures that control infections

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV : RECOGNIZING CONCEPTS OF MICROBIOLOGY

INTERACTION ITEMS:

1. What does the word infection mean?
2. What is the difference between an acute and chronic infection?
3. What are examples of laboratory methods which aid in diagnosing infections?
4. How can the transmission be controlled?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Invite an infection control nurse from a local hospital to discuss what the hospital does to control and monitor the spread of infection.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV : RECOGNIZING CONCEPTS OF MICROBIOLOGY

EVALUATION ITEMS:

1. Match the following terms and definitions related to infectious disease and asepsis.

____a. Protection of personnel from infection and reinfection

____b. Anything animate or inanimate which carries microorganisms

____c. A substance lethal to bacteria; drugs used to destroy bacterial disease

____d. The entrance of living agents into tissues, their subsequent growth and damage to tissues

____e. A disease which can be naturally transmitted from one individual to another by direct or indirect contact

____f. Period between the entrance of the organisms to the body and the beginning of symptoms

____g. Inanimate objects contaminated by infected persons

____h. An agent which prevents infections in living tissue

____i. Study of relationships of factors determining frequency and distribution of disease

____j. A person who is not infected but transports harmful pathogens

1. Antiseptic
2. Antibiotic
3. Carrier
4. Communicable disease
5. Epidemiology
6. Fomite
7. Infection
8. Incubation period
9. Medical asepsis
10. Vector

2. Differentiate between types of infectious diseases by placing an "L" for location, a "D" for duration, and an "S" for site in the blank beside the corresponding descriptor.

    ____a. Chronic

    ____b. Secondary

    ____c. Generalized

    ____d. Local

    ____e. Primary

    ____f. Acute

    ____g. Focal

3. List the pathogen effects on the body.

    a.

    b.

    c.

4. Links in the chain of infection are:

    a.

    b.

    c.

5. Name four factors which determine the presence of infection.

    a.

    b.

    c.

    d.

6. List three laboratory diagnostic methods for determining infectious diseases.

    a.

    b.

    c.

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7. List three measures which help to control infection.

   a.

   b.

   f.

8. List two factors to consider in handling sterile supplies.

   a.

   b.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV : RECOGNIZING CONCEPTS OF MICROBIOLOGY

ANSWERS TO EVALUATION ITEMS:

1. a. 9
   b. 10
   c. 2
   d. 7
   e. 4
   f. 8
   g. 6
   h. 1
   i. 5
   j. 3

2. a. D
   b. S
   c. L
   d. L
   e. S
   f. D
   g. L

3. Mechanical injury, body cell and tissue destruction; toxin-caused injury

4. Environment; transmission; susceptible host

5. Portal of entry; number of organisms; resistance of host; virulence of organism

6. Blood tests, cultures, smears

7. The student may list any three of the following:

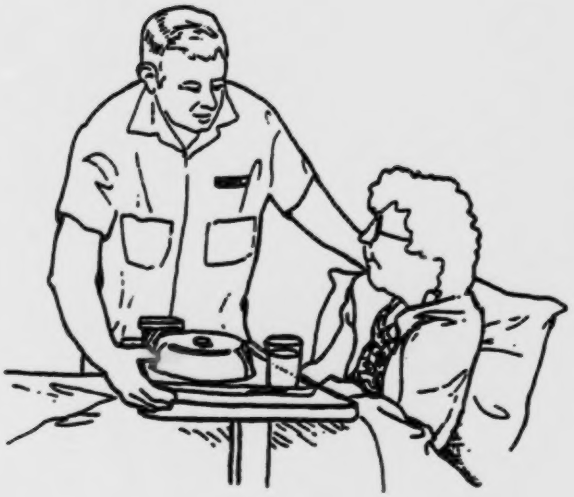
   a. Handwashing
   b. Linen change
   c. Sanitation
   d. Disinfection
   e. Proper handling of equipment and supplies
   f. Sterilization

8. The student may list any two of the following:

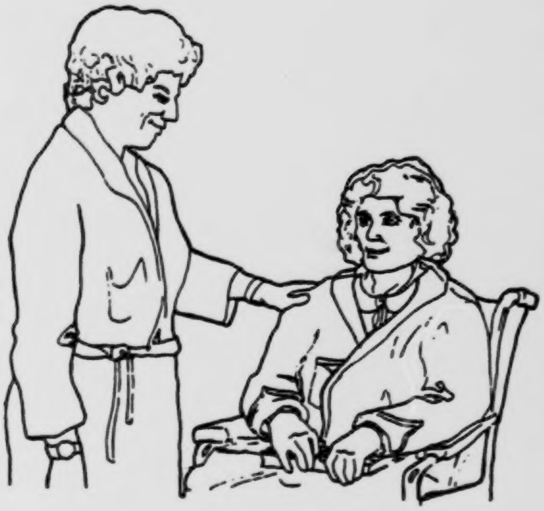
   a. Never touch sterile articles with unsterile ones.
   b. Discard an article if you should happen to contaminate it or if you are not sure if it is contaminated or not.
   c. Moisture may cause contamination of a sterile field.
   d. Never reach over sterile supplies.

HO 1

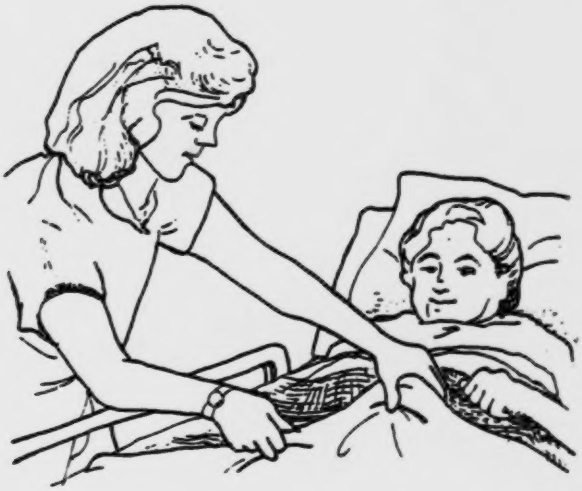
Ways Organisms Are Spread



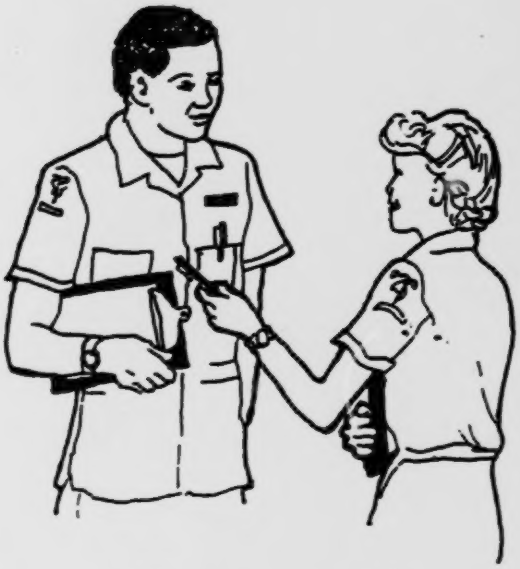
Equipment to resident or worker



Resident to resident



Resident to worker
Worker to resident



Worker to worker

Geri Germ

As a Nurse Assistant, you need to understand **Epidemiology** (the science of the occurrence of disease) for there is more disease in a health facility than in ordinary households. **Health is desirable - Disease is undesirable.** So, in order to control disease we must know why it exists and how it develops. Then we can strike at its most vulnerable spot. **A Chain of Events creates disease.** If any link is broken, disease will not develop. **A simple thing like Handwashing can break the chain!**

THE SIX LINKS OF THE CHAIN

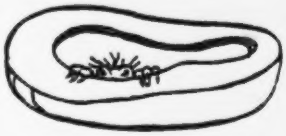
FIRST LINK - Causative Agent: (bacteria, parasite, virus)

Introducing Geri Germ, the awful organism who causes disease.

SECOND LINK - Reservoir for Causative Agent: (sick person or animal)

A place where Geri can live.

THIRD LINK - Mode of escape from reservoir: (respiratory tract, intestinal tract, urinary tract, blood stream)



Geri uses all of these as escape routes.

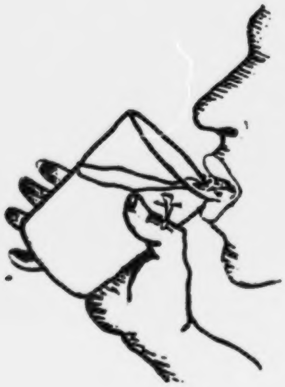
FOURTH LINK - Mode of Transmission from reservoir to new host (person):

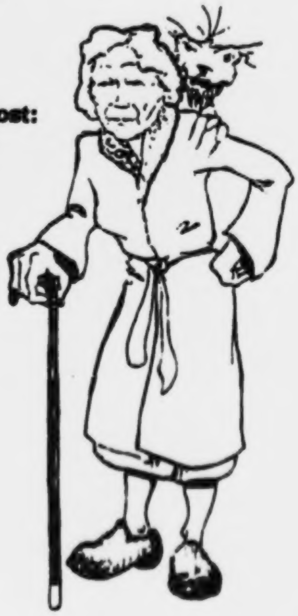
Direct: Sneeze, cough, bite, shots, open lesions, physical contact.

Indirect: Vector (rats, mice, roaches, flies) food, air, or water on articles.

FIFTH LINK - **Mode of entry into new host (person): (breathing, eating, breaks in skin.) Study Nursing Procedures.**

SIXTH LINK - **A susceptible host: (low resistance, no immunity)**





'Infection' means an organism is present and multiplying in the body.

'Disease' is the visible interaction between the organism and the infected body.

'Symptoms' are fever, rash, malaise, nausea, and diarrhea.

The Severity of Diseases depends on the strength of the opposing forces.

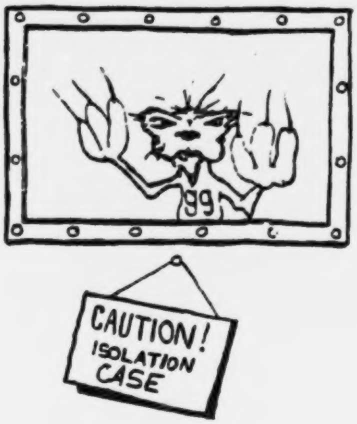
Levels of Severity

Death
Severe
Moderate
Mild
Missed Case
Carrier
No Infection

Expose more people because they are not very sick

Control Measures

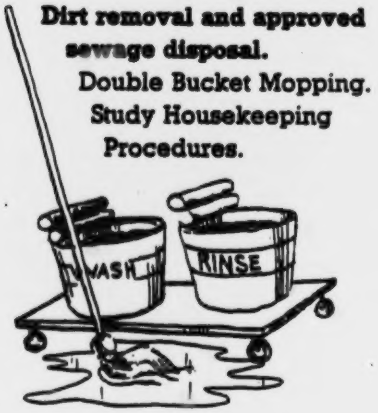
Prevent Spread: (Medication to kill organisms.)
By physician's order.



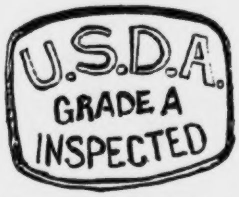
Isolate the sick person:
Study special nursing procedures.
Handwashing must be done.

Control Measure Environmental Sanitation

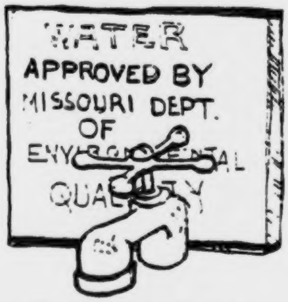
Dirt removal and approved sewage disposal.
Double Bucket Mopping.
Study Housekeeping Procedures.



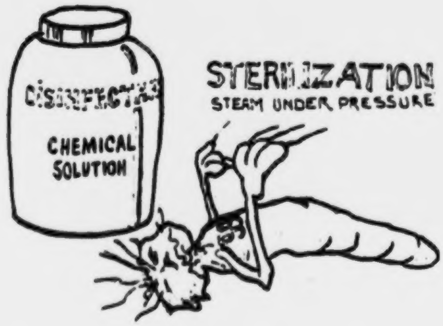
Clean Air


U.S.D.A.
GRADE A
INSPECTED

Approved Food Source


WATER
APPROVED BY
MISSOURI DEPT.
OF
ENVIRONMENTAL
QUALITY

Pure Water Source

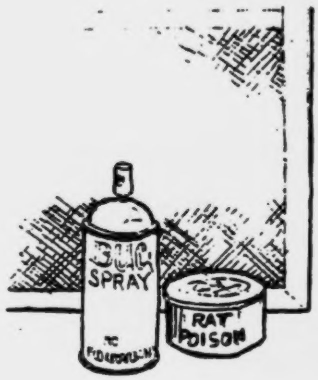

DISINFECTANT
CHEMICAL SOLUTION
STERILIZATION
STEAM UNDER PRESSURE

Insect and Rodent Control

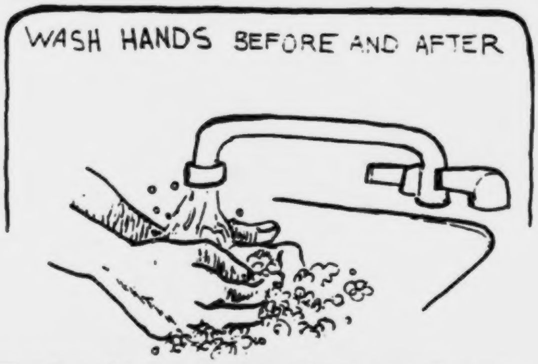
Disinfection
(chemical solution)

Sterilization
(steam under pressure)

Study Nursing Procedures

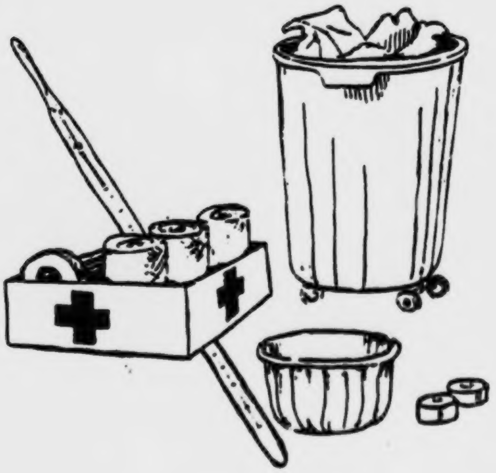

BUG SPRAY
RAT POISON

Geri Germ likes: warm places, moist places, dark places, and dirty, cluttered places.


WASH HANDS BEFORE AND AFTER

Handwashing is the most important factor!
Study other Procedures, all departments.

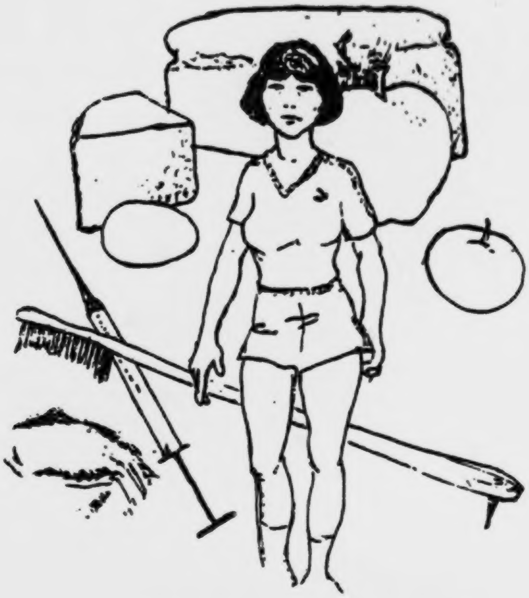
Environmental Sanitation



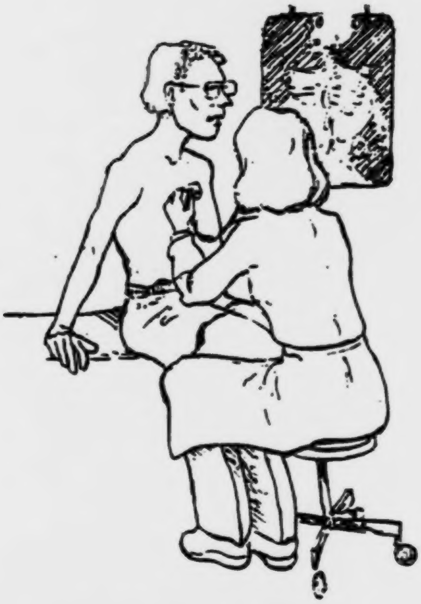
Nursing Procedures

Closed System Irrigation
Proper Linen Handling
Sterile Dressings
Sanitary Medications
Proper Disinfection of Thermometers

CONTROL MEASURES



Increase Resistance: keep healthy, immunizations, sleep, eat properly, exercise, good hygiene.



Minimize ill effects: early diagnosis (regular medical examinations), Early treatment

*(Concept by Ann Wormsley)

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV : RECOGNIZING CONCEPTS OF MICROBIOLOGY

SCOPE OF UNIT:

Introduction to the types of infection, the factors required to promote infection, the determination of the presence of infection, and the measures to diagnose and control infections are covered in this unit.

INFORMATION TOPIC: IV-3 OR DEMONSTRATION:

ACQUIRED IMMUNE DEFICIENCY SYNDROME AND THE HEALTH CARE WORKER

(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Define the acronyms AIDS/ARC.
2. Identify the virus responsible for the acquired immune deficiency syndrome/AIDS related complex.
3. Identify the steps in the process by which the HIV virus incapacitates the autoimmune system.
4. Differentiate between the diagnoses of AIDS and ARC.
5. List the nonspecific symptoms leading to the diagnosis of AIDS/ARC.
6. Differentiate between documented methods and common misconceptions of transmission to/from the health care worker.
7. List four general procedures utilized to prevent the transmission of AIDS/ARC to/from the health care worker.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Facts About AIDS in Missouri
2. HO 2: How the HIV Infection Attacks the Immune System
3. HO 3: AIDS Resource Center

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

U.S. Department of Health and Human Services. Recommendations for Prevention of HIV Transmission in Health-Care Settings. Vol. 36/No. 25. Atlanta: Centers for Disease Control, 1987.

Missouri Department of Health. Important AIDS Information for Health Professionals. Jefferson City: Missouri Division of Health, 1985.

Ulene, Art. Safe Sex in a Dangerous World: Understanding and Coping with the Threat of AIDS. New York: Random House, 1987.

U.S. Public Health Service. Surgeon General's Report on Acquired Immune Deficiency Syndrome.

INTRODUCTION:

AIDS (acquired immune deficiency syndrome) is the name given to a medical condition recognized in 1981 which affects the body's natural immunity against disease. By the end of 1991, an estimated 270,000 cases of AIDS will have occurred with 179,000 deaths within the decade since the disease was first recognized.

This lesson will provide you with correct and up-to-date information about AIDS.

AIDS is everyone's concern.

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LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV : RECOGNIZING CONCEPTS OF MICROBIOLOGY

OUTLINE: (Key Points)

I. Terms and Definitions (HO 1) (II-1, II-2)

A. AIDS - Acquired immune deficiency syndrome: stage of disease when the immune system can no longer protect the body against disease that a healthy person can resist.

B. ARC - AIDS related complex: condition caused by AIDS virus in which the patient tests positive for AIDS infection and has a specific set of clinical symptoms. Symptoms less severe than in AIDS.

II. Cause (II-3)

A. HIV - human immunodeficiency virus

B. Also known as:

1. HTLV-III - human T-lymphotropic virus type III

2. LAV - lymphadenopathy associated virus

III. How HIV Incapacitates the Autoimmune System (HO 2)

A. HIV gains access to the body

B. Virus infects T-helper cells (white blood cells) and begins to multiply

C. T-helper cells are impaired and decrease in number

D. Killer T-helper cells are reduced and body is more susceptible to all infections

IV. Diagnosis of AIDS vs. ARC

A. HIV antibody test - tells only that a person has been infected with HIV and is capable of transmitting to others. Will not tell if a person will develop AIDS or other HIV related illnesses.

B. Diagnosis of AIDS - have all the symptoms of ARC but now struck with life-threatening diseases such as pneumonia (pneumocystis carinii). AIDS patients also develop cancers like Kaposi's sarcoma.

V. Nonspecific Symptoms of AIDS/ARC

  A. Fever

  B. Night sweats

  C. Recurrent diarrhea

  D. Weight loss without dieting

  E. Fatigue

  F. Swollen lymph glands

  G. Skin rashes (purplish spots on skin)

  H. Neurologic disorders

    1. Memory loss

    2. Partial paralysis

    3. Loss of coordination

VI. Methods of Transmission

  A. Documented methods

    1. Sharing of body fluids/blood/semen

      a. Intimate sexual contact

      b. Sharing needles when using IV drugs

      c. Perinatal transmission (from mother to unborn child)

      d. Before mid-1985 when HIV antibody test was developed, through infected blood or blood products

  B. A common misconception regarding transmission of the AIDS virus is that it can be spread through casual contact. Studies have shown that AIDS cannot be spread by casual contact. The virus is NOT spread by any of the following methods:

    1. Kissing

    2. Shaking hands

    3. Toilet seats

    4. Water fountains

    5. Mosquitos

6. Eating utensils

7. Food handlers

NOTE: HIV is not spread by casual contact

VII. General Precautions Utilized to Prevent Transmission of AIDS/ARC (II-5)

A. Universal precautions

NOTE: All patients/residents are considered as potentially infected with HIV and/or other blood borne pathogens.

1. Gloves must always be worn when:

   a. Touching body fluids and blood, mucous membranes, and non-intact skin of all patients

   b. Handling items or surfaces soiled with blood or body fluids

   c. Performing venipuncture

   NOTE: New gloves must be worn for each resident.

2. Masks and protective eyewear or face shield must be worn during procedures that are likely to generate droplets of blood or other body fluids.

3. Gowns or aprons must be worn during procedures that are likely to generate splashes of blood or other body fluids.

4. Hands or other body surfaces must be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands must be washed immediately after gloves are removed.

5. Use mouthpieces, resuscitation bags or other ventilation devices if resuscitation is necessary. Never make unprotected resuscitative mouth-to-mouth contact with any resident.

VIII. Summary and Conclusion

A. Terms and definitions

B. Cause

C. How HIV incapacitates the autoimmune system

D. Diagnosis of AIDS vs. ARC

E. Nonspecific symptoms of AIDS/ARC

F. Methods of transmission

G. General precautions utilized to prevent the transmission of AIDS/ARC

NOTE: MORE INFORMATION ABOUT AIDS CAN BE OBTAINED BY CONTACTING:

MISSOURI DEPARTMENT OF HEALTH
BUREAU OF AIDS PREVENTION
1730 EAST ELM, P.O. BOX 570
JEFFERSON CITY, MO 65102

314/751-6438

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LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV : RECOGNIZING CONCEPTS OF MICROBIOLOGY

INTERACTION ITEMS: (Review Items)

1. What do the acronyms AIDS/ARC represent?
2. What is the difference between AIDS and ARC?
3. What pathogen causes AIDS?
4. How is the AIDS virus spread?
5. How can we prevent the spread of the virus from person to person?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. View film.
2. Hold discussion on the possible psychosocial implications of the AIDS/ARC diagnosis for the patient/resident, the family, and the health care worker.
3. Contact your local Red Cross chapter to arrange for a guest speaker and/or films.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV : RECOGNIZING CONCEPTS OF MICROBIOLOGY

EVALUATION ITEMS:

1. Define AIDS.

2. Define ARC.

3. The pathogen responsible for AIDS/ARC is ________________ .

4. List the steps in the process by which the pathogen responsible for AIDS incapacitates the autoimmune system.

5. Briefly discuss the difference between the diagnoses of AIDS and ARC.

6. Five nonspecific symptoms leading to the diagnoses of AIDS/ARC are:

   a.

   b.

   c.

   d.

   e.

7. Write a short essay differentiating between documented methods and common misconceptions of transmission of HIV to/from the health care worker.

8. List four general procedures used to prevent the transmission of AIDS/ARC to/from the healthcare worker.

   a.

   b.

   c.

   d.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV : RECOGNIZING CONCEPTS OF MICROBIOLOGY

ANSWERS TO EVALUATION ITEMS:

1. AIDS - acquired immune deficiency syndrome
   Stage of disease when the immune system can no longer protect body against disease that a healthy person can resist

2. ARC - AIDS related complex
   Condition caused by HIV virus in which patient tests positive for AIDS infection and has a specific set of clinical symptoms. Symptoms less severe than in AIDS.

3. Human immunodeficiency virus (HIV)

4. a. Virus gains access to body
   b. Virus infects T-helper cells and begins to multiply
   c. T-helper cells are impaired and decrease in number
   d. Killer T-helper cells are reduced and body is more susceptible to all infections

5. AIDS - stage of disease when body's immune system is destroyed
   ARC - body invaded by HIV virus; symptoms are less severe

6. Any five of the following:
   Fever; night sweats; recurrent diarrhea; weight loss without dieting; fatigue; swollen lymph glands; skin rashes; neurologic disorders

7. Essay to include the following:

   Documented methods of transmission are:
   a. Intimate sexual contact
   b. Sharing needles when using IV drugs
   c. From mother to unborn child
   d. Before 1985, through infected blood or blood products

   Common misconceptions--AIDS is not spread by casual contact--including:
   a. Kissing
   b. Shaking hands
   c. Toilet seats
   d. Water fountains
   e. Mosquitos
   f. Eating utensils
   g. Food handlers

8. Any of the following:

   a. Gloves worn when touching body fluids, blood, mucous membranes and non-intact skin of all patient; for handling items or surfaces soiled with blood or body fluids.

   b. Masks and protective eyewear or face shields during procedures that are likely to generate droplets of blood or body fluids

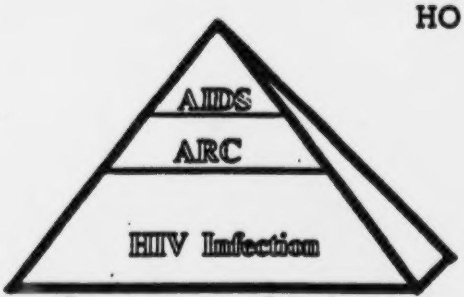
   c. Gowns or aprons during procedures that are likely to generate splashes of body or body fluids

   d. Hands and other skin surfaces must be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands must be washed immediately after gloves are removed.

   e. Mouthpieces, resuscitation bags or ventilation devices must be used if resuscitation is necessary.

HO 1

FACTS ABOUT
AIDS
IN MISSOURI



Spectrum of Infection

HIV Infection

AIDS stands for Acquired Immune Deficiency Syndrome, a disorder for which there is presently no cure. It is caused by a virus known as HIV (human immunodeficiency virus). This virus attacks the body's immune system, leaving it susceptible to a variety of diseases.

The consequences of HIV infection can be very mild, severe, or anywhere in between. AIDS is the last stage of HIV infection and the most severe form. Only a small percentage of persons infected have developed AIDS.

AIDS

When HIV attacks and suppresses the immune system the body becomes susceptible to certain unusual illnesses that do not ordinarily pose a threat to persons with normal immune function. These diseases include: cancers and viral infections, such as Kaposi's Sarcoma (KS), a rare type of cancer, and an unusual type of pneumonia, Pneumocystis carinii pneumonia (PCP). These illnesses are known as opportunistic infections. A true case of AIDS is infection with HIV and one or more clinically diagnosed opportunistic infections.

ARC

Another result of infection is a condition known as AIDS Related Complex (ARC). Persons with ARC may have many of the symptoms of persons with AIDS, but they do not meet the Centers for Disease Control (CDC) criteria for a diagnosed case of AIDS. Symptoms of ARC may include: chronic night sweats, weight loss without dieting, swollen lymph glands, fatigue, recurrent diarrhea. It is important to note that these are symptoms of other ailments; HIV infection, related illnesses and AIDS should only be diagnosed by a physician.

1.5 Million Infected

Many people who are infected are asymptomatic (showing no signs or symptoms of infection). These people may not even be aware that they are infected. At this time, it is estimated that as many as 1.5 million people in the United States are infected with the virus. A person may be infected as many as 5-10 years before showing any signs of infection.

MISSOURI DEPARTMENT OF HEALTH
BUREAU OF AIDS PREVENTION

HIV Antibody Test

There is a test to see if a person has antibodies to the virus that causes AIDS. It is called the HIV antibody test. It tells only that a person has been infected with the virus and is capable of transmitting it to others. It will not tell if a person will develop AIDS or other HIV related illness. The CDC estimates that 30-50% of persons who test positive will later develop some signs or symptoms.

HIV is transmitted by the sharing of body fluids, blood and semen. In order for a person to become infected the virus must enter the blood stream. It does this in very specific ways:

> through intimate sexual contact;
>
> sharing needles when using IV drugs;
>
> perinatal transmission (from a mother to an unborn child); and,
>
> before mid-1985 when the HIV antibody test was developed, through infected blood or blood products.

HIV is not spread through casual contact. It is not spread by kissing, shaking hands, toilet seats, water fountains, mosquitos, eating utensils, food handlers and other everyday activities. A person must participate in specific behaviors that can put them in contact with the virus.

Protect yourself

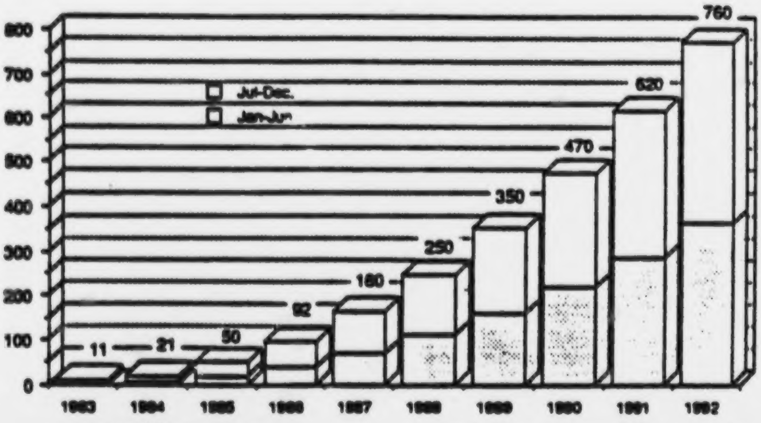
How can you decrease your risk for infection? Practicing abstinence or engaging in a mutually monogamous relationship with an uninfected partner are the best answers. If this is not possible, don't have sex with anyone if you don't know their drug use and sexual history, don't have sex with multiple partners, and use condoms to protect yourself from contact with body fluids. While condoms aren't one hundred percent effective, when used properly (from start to finish) they do cut down on the risk of virus transmission, as well as providing protection from other sexually transmitted diseases.

Don't use drugs, any kind of drugs, whether they be IV drugs or alcohol. Drugs suppress the body's immune system. Never share needles if you are using IV drugs. If you have a substance abuse problem, talk to a physician, a drug or alcohol abuse center, or a narcotics anonymous group to get help to lead a drug free life.

Women who are IV drug users or who have had sexual contact with IV drug users or bisexual men are more likely than other women to have come in contact with the virus. These women should talk to a doctor or a health care provider before becoming pregnant.

Projected New AIDS Cases In Missouri

1983-1992

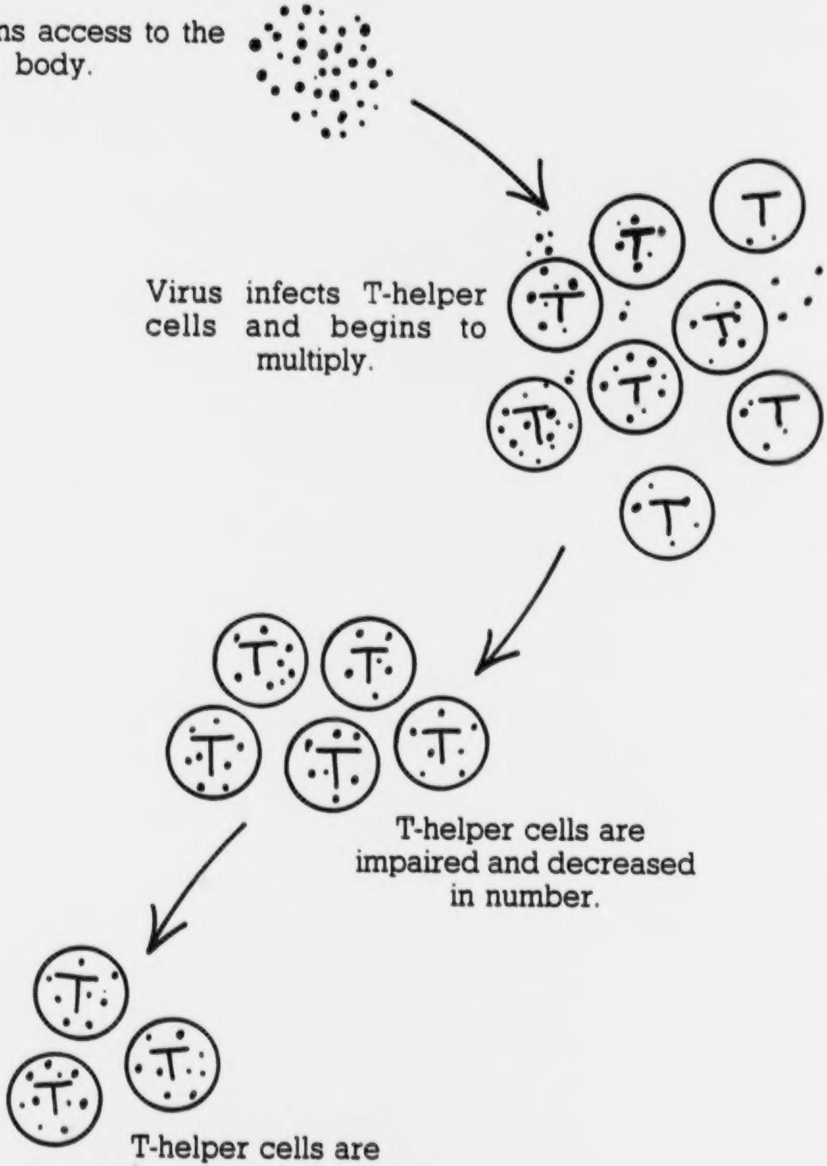


Missouri Department of Health *Cumulative Total by 1992 — 2,784*

For more information contact:
Missouri Department of Health
Bureau of AIDS Prevention
1730 East Elm, P.O. Box 570
Jefferson City, MO 65102

314/751-6438

How the HIV Infection Attacks the Immune System



HIV gains access to the body.

Virus infects T-helper cells and begins to multiply.

T-helper cells are impaired and decreased in number.

T-helper cells are reduced and body is more susceptible to all infections.

HO 3

AIDS RESOURCE CENTER

The Bureau of AIDS Prevention has organized a resource center of printed materials and audiovisuals. Housed among materials in the Resource Center are newsletters, journals, magazines, resource manuals, books and manuscripts. The Resource Center maintains a news article file and has vertical files on special concerns such as health care workers, morticians, nursing care facilities, and other organizations that are affected by AIDS and HIV related illness.

The Center has access to several computerized bulletin boards, among them a medical bulletin board, the Centers for Disease Control Bulletin Board, and CAIN (Computerized AIDS Information Network). Pamphlets and audiovisuals are available.

The Resource Center can provide bibliography searches on AIDS and HIV related subjects and will provide, when possible, access to references cited. If you or your organization request information on special subjects or concerns, the Resource Center will investigate and provide information, referrals or other alternatives when available.

For more information about the Resource Center please contact:

Bureau of AIDS Prevention
Missouri Department of Health
P.O. Box 570
Jefferson City, MO 65102
314/751-6438

SPEAKERS BUREAU

The Bureau of AIDS Prevention sponsors a statewide AIDS Speakers Bureau of individuals who have backgrounds in many disciplines and are knowledgable in the field of AIDS. The speakers bureau was organized to provide education programs for groups such as health care organizations, schools, child care organizations, private agencies, youth groups, parent teacher organizations, substance abuse centers, the general public and others.

Presentations are scheduled through the Bureau of AIDS Prevention and are provided free of charge. Three weeks notice is required to provide speakers with time for scheduling and preparation. Pamphlets, audiovisuals and handout materials may be supplied for presentations upon request.

For more information contact:

Bureau of AIDS Prevention
Missouri Department of Health
P.O. Box 570
Jefferson City, MO 65102
314/751-6438

PAMPHLETS

AIDS and Your Job - Are There Risks?
American Red Cross/ U.S. Public Health Service
Gives facts to calm fears people may have about contracting the virus from their jobs and the people they work with. Gives guidelines for specific professions such as: food handlers, personal service workers, civil emergency and public safety officials.

AIDS - Questions and Answers
Published by the Missouri Department of Health
Answers most often asked questions such as, "How the disease is transmitted," and "How to prevent becoming infected." It also lists phone numbers and addresses of Missouri organizations that provide information support and services to persons with AIDS.

Caring for the AIDS Patient at Home
American Red Cross/U.S. Public Health Service
Gives basic facts a care provider should know before assuming responsibility for home care of an AIDS or ARC patient. Explains safeguards against exposure to the virus, care and protection of the AIDS or ARC patient and infection control procedures.

Coping with AIDS
National Institute of Mental Health
This booklet is intended to familiarize health and mental health professionals and para-professionals with the psychological and social problems associated with AIDS. Gives care guidelines for persons with AIDS. *Available in limited quantities.*

Preventing the Transmission of Hepatitis-B, AIDS and Herpes in Dentistry
Centers for Disease Control
Describes procedures dental health care personnel should take to minimize the risks of transmission of herpes, hepatitis-B and AIDS. Stresses infection control procedures that must be taken.

AUDIOVISUALS

Health Care/Emergency Personnel

AIDS and the Health Care Worker
1/2" VHS, 20 min., MTI Films
A factual approach to problems and solutions facing health care workers who deal with persons with HIV infection and AIDS. Presents basic infection control procedures as well as care guidelines and some discussion of psychosocial issues facing health care workers giving direct patient care. This film is useful for hospital/clinical inservices.

AIDS and Your Job - What You Should Know
1/2" VHS, 13 min., Centers for Disease Control/Public Health Service
This program emphasizes the precautionary measures that civil emergency and public safety officials should take when called to attend victims or investigate scenes where it is unknown whether the AIDS virus is present. This film discusses basic infection control practices and is useful for hospital/clinical inservices.

On Guard - Infection Control for Safety and Health Care Professionals
1/2" VHS, 30 min., Pyramid Film and Video
AIDS and infection control are two of the most critical issues facing the safety and health care community today. This video gives current facts on proper precautions regarding AIDS, Hepatitis-B and other infectious diseases. Teaches safety and health professionals correct, timely infection control procedures through re-enactments of actual case studies combined with interviews with infection control experts. Recommended uses for fire departments, ambulance services, municipal EMS systems, police departments, hospital emergency, inservice training departments and industrial health care centers.

Overcoming Irrational Fear of AIDS
1/2" VHS, Carl Media Productions
A video targeted toward health care workers who deal directly with patients and patient care. This video is best used for training and inservices. Gives basic infection control procedures as well as care guidelines for working with HIV infected/ARC/AIDS patients. This video is an excellent resource.

What if the Patient Has AIDS?
1/2" VHS, 20 min., Centers for Disease Control and the U.S. Public Health Service
Aimed at health care workers and ancillary personnel, details precautions and infection control measures to be taken when dealing with an AIDS patient.

Universal Precautions for Hospital Personnel
1/2" VHS, 20 min., LMEF Video Productions.
This video emphasizes the precautionary measures that health care workers should take when dealing with patients and patient care. Gives basic infection control procedures.

Universal Precautions for Long-Term Care Facilities
1/2" VHS, 20 min., LMEF Video Productions.
This video gives current facts on proper precautions regarding AIDS, Hepatitis-B and other infectious diseases. Gives basic infection control procedures.

Universal Precautions for Pre-Hospital Personnel
1/2" VHS, 20 min., LMEF Video Productions.
This video addresses universal precautions for firefighters and ambulance personnel and gives current facts on proper precautions regarding AIDS, Hepatitis-B and other infectious diseases.

Employer/Employee Policies

One of Our Own
1/2" VHS, 30 min., Dartnell Productions
The scenerio - an office type setting, an employee notifies his employer that he has been diagnosed with AIDS. The employer and the personnel department mobilize and develop both employee/employer policies, including antidiscriminatory clauses, as well as an employee educational program. The video discusses problems that should be addressed, both in developing policies and educational programs for businesses. This video is highly recommended for any employer who is charged with the development of programs and policies as well as for use with employee educational programs.

Rev. 7/8/88

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV : RECOGNIZING CONCEPTS OF MICROBIOLOGY

SCOPE OF UNIT:

Introduction to the types of infection, the factors required to promote infection, the determination of the presence of infection, and the measures to diagnose and control infections are covered in this unit.

INFORMATION TOPIC: IV-4 OR DEMONSTRATION:

ISOLATION TECHNIQUES
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Describe the purpose of isolation technique.
2. Recognize feelings the resident in isolation may experience.
3. Match each type of isolation to the correct reason for its use.
4. Recognize important factors when following isolation procedure.
5. State the definition of terminal disinfection.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Door signs used at facility for different types of isolation
2. Isolation gown, mask, gloves
3. Trainex filmstrip: "Isolation Techniques"

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. *Being a Nursing Assistant*. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986.

REFERENCES:

Fouts, Janet and Lynn Mullen. *Nursing Assistant Training Manual*. Beaverton, OR: Medi Form Printers and Publishers, Inc., 1984. pp. 45-47.

Johnson-Pawlson, Jean and Marsha Goodwin. *How to Be a Nurse's Aide in a Nursing Home*. Washington, DC: American Health Care Association, 1985, pp. 193-194.

McClelland, Sharon and Geraldine Kaspar. *A Clinical Manual for Nursing Assistants*. Monterey, CA: Wadsworth Health Sciences Division, 1985, pp. 111-114.

Schniedman, Rose and Susan Lambert. *Being a Nursing Assistant*. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 89-105.

Sorrentino, Sheila A. *Mosby's Textbook for Nursing Assistants*. St. Louis: The C.V. Mosby Co., 1984, pp. 395-402.

INTRODUCTION:

Isolation is indicated when a resident has an infection that could be easily spread. The type of isolation is dependent upon what type of infection the resident has and how it might be spread. It is important for the nurse assistant to have a basic understanding of the isolation techniques as presented in this lesson.

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV: RECOGNIZING CONCEPTS OF MICROBIOLOGY

OUTLINE: (Key Points)

I. Purpose of Isolation Technique

   A. This technique is used to prevent the spread of disease-producing germs (pathogens)

      1. Protects the infected resident from further infection

      2. Protects uninfected residents and staff from being infected

   B. Type of isolation depends upon the type of infection

II. Resident's Feelings about Isolation (II-1)

   A. Resident may feel lonely, rejected, or "dirty."

   B. Assist the resident in dealing with isolation.

      1. Explain to the resident the reason for isolation and that this will speed up his or her recovery and prevent the spread of his/her germs which caused the disease.

      2. Check the resident at regular intervals so he/she does not feel isolated from the rest of the world. Make sure other staff members know how important it is to check on the resident.

      3. Listen to the resident's concerns.

      4. Provide assurance to the resident.

III. Types of Isolation

   A. Strict isolation

      1. Used to prevent the spread of highly communicable diseases by contact or through the air

      2. Protects others from the resident's germs

      3. Examples: burn wounds, infections caused by staphylococcus and streptococcus

   B. Respiratory isolation

1. Used to prevent spread of disease by droplets that are coughed, sneezed, or breathed into the air

2. Protects others from the resident's germs from respiratory system

3. Examples: chicken pox, mumps, tuberculosis

C. Wound and skin precautions

1. Used with infections that are spread by coming in direct contact with wound, linen, or dressing

2. Protects others from germs in resident's wounds and heavily contaminated articles

3. Examples: impetigo, infected decubitus ulcers

D. Enteric precautions

1. Used with diseases that are spread through urine, feces, and heavily contaminated articles; spread of the infection involves taking in the germ through the mouth

2. Protects others from germs in resident's bowels, bladder, and stomach

3. Examples: hepatitis, infections caused by diarrhea

E. Protective isolation (reverse)

1. Used with persons who have a seriously decreased ability to resist disease

2. Protects resident from the germs of other people

3. Examples: leukemia, burns, resident on chemotherapy (II-2)

IV. Important Factors

A. Be aware of and follow the measures being taken for each type of isolation.

1. There should be a sign posted that lists all precautions to take with each type of isolation. Follow these recommendations listed to protect everyone.

2. Gowns, gloves, and/or mask may be required for the health services assistant to wear.

B. Always organize your work before going into the room.

(II-3)

1. Gather all supplies and linens needed.

2. Inform other staff members if you will be needing their assistance.

C. Remember to wash hands before and after contact with the resident. This remains the single most important means of preventing the spread of infection.

D. Gloves do not eliminate the need to wash your hands, they just provide a barrier between you and the resident.

E. Articles or linens removed from an isolation room must be completely covered with a noncontaminated container; this procedure is called "double bagging."

F. The thermometer and blood pressure apparatus may be left in the room and not taken out of the room until the isolation is discontinued.

G. Terminal disinfection - thorough cleaning of room with disinfectant solution after isolation is discontinued

V. Summary and Conclusion

A. Purpose of isolation technique

B. Resident's feelings about isolation

C. Types of isolation

D. Important factors

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV: RECOGNIZING CONCEPTS OF MICROBIOLOGY

INTERACTION ITEMS:

1. How would you feel if left alone in isolation for three or four days with few visitors?

2. If you have experience working in a facility, have you ever taken care of a patient in one of these types of isolation? If so, what type of isolation, and what was the experience like?

3. Why is it important to think about supplies you will need before you enter the room?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Instructor demonstrates how to gown, mask, and glove before entering and leaving strict isolation room.

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV : RECOGNIZING CONCEPTS OF MICROBIOLOGY

EVALUATION ITEMS:

1. What is the purpose of isolation technique?

For each of the following, write "T" if the statement is true, or "F" if it is false.

_____ 2. The resident in isolation may feel lonely or dirty.

_____ 3. It is only necessary to take care of the isolation resident's needs one time each shift.

_____ 4. Listening to the resident regarding his/her concerns is an important part of his/her nursing care.

_____ 5. Gloves eliminate the need to wash your hands.

_____ 6. Double bagging is a procedure used to cover contaminated articles when removing them from the patient's room.

Match each type of isolation to the correct reason for its use by writing the letter in the blank.

_____ 7. Protective

_____ 8. Wound and skin

_____ 9. Respiratory

_____10. Strict

_____11. Enteric

a. Used to prevent spread of communicable diseases by direct contact or through the air

b. Used to prevent spread of disease by airborne droplets

c. Used with infections that are spread by direct contact with wounds

d. Used with diseases spread by body excretions

e. Used with persons who have seriously decreased ability to resist disease

12. Define terminal disinfection.

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV : RECOGNIZING CONCEPTS OF MICROBIOLOGY

ANSWERS TO EVALUATION ITEMS:

1. The purpose of isolation technique is to prevent the spread of disease-producing germs (pathogens) in order to protect the infected resident from further infection as well as to protect uninfected residents and staff from being infected.
2. T
3. F
4. T
5. F
6. T
7. e
8. c
9. b
10. a
11. d
12. Thorough cleansing of room with disinfectant solution after isolation is discontinued

LESSON PLAN: 5

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV : RECOGNIZING CONCEPTS OF MICROBIOLOGY

SCOPE OF UNIT:

Introduction to the types of infection, the factors required to promote infection, the determination of the presence of infection, and the measures to diagnose and control infections are covered in this unit.

INFORMATION TOPIC: OR DEMONSTRATION: IV-5

ISOLATION TECHNIQUE - USE OF ISOLATION APPAREL
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Use isolation apparel according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Mask
2. Gown
3. Gloves
4. Hair covering (cap)

INFORMATIONAL ASSIGNMENT:

Schneidman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986.

REFERENCES:

Schneidman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986.

Simmers, Louise. Diversified Health Occupations. Albany, NY: Delmar Publishers, Inc., 1983.

INTRODUCTION:

You may be required to use protective isolation apparel either for your protection or the protection of the resident from infection. It is very important that this be done in such a manner that neither you nor the resident become contaminated. This lesson will prepare you to put on and remove the mask, gown, and gloves so that no contamination occurs.

LESSON PLAN: 5

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV : RECOGNIZING CONCEPTS OF MICROBIOLOGY

STEPS OF PROCEDURE:

A. Steps beginning procedure

1. Remove rings.
2. Place watch in plastic bag or on paper towel.
3. Assemble equipment.
4. Wash hands.

B. Putting on isolation apparel

5. Cover hair with cap.
6. Apply mask, covering mouth and nose, and tie in back securely.
7. Put on isolation gown to cover entire uniform and tie at waist and at neck.
8. Put on gloves, covering cuffs of gown with gloves.

C. Removing isolation apparel

9. Untie waist strings.
10. Remove gloves by turning inside out, and place in waste basket.
11. Wash hands.
12. Remove mask and place in waste basket.
13. Remove cap and discard in waste basket.
14. Untie neck ties of gown.
15. Place one hand inside cuff and pull sleeve over hand.
16. Place covered hand on outside of gown to pull gown sleeve over second hand.
17. Ease out of gown.
18. Fold gown so inside of gown is outside.

19. Roll up gown without touching uniform.

20. Place gown in linen hamper (or waste basket if disposable).

21. Wash hands.

22. Remove watch by touching only inside of plastic bag or top part of towel.

23. Open door with paper towel.

24. Discard towel in waste can inside room.

25. Wash hands in utility room.

SUMMARY AND CONCLUSION:

1. Ask interaction items.

2. Review steps of procedure.

LESSON PLAN: 5

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV : RECOGNIZING CONCEPTS OF MICROBIOLOGY

INTERACTION ITEMS:

1. Which article of isolation apparel is put on first?
2. Which article of isolation apparel is removed first?
3. When do you wash your hands in removing the isolation apparel?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Demonstrate proper use of protective isolation apparel.
2. Have students practice use of protective isolation apparel according to steps of procedure.

LESSON PLAN: 5

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV: RECOGNIZING CONCEPTS OF MICROBIOLOGY

EVALUATION ITEMS:

NAME OF STUDENT ____________________

USE OF ISOLATION APPAREL

EQUIPMENT:

1. Mask
2. Gown
3. Gloves
4. Hair covering (cap)

DID THE STUDENT	YES	NO
A. Steps beginning procedure		
1. Remove rings.		
2. Place watch in plastic bag or on paper towel.		
3. Assemble equipment.		
4. Wash hands.		
B. Putting on isolation apparel		
5. Cover hair with cap.		
6. Apply mask, covering mouth and nose, and tie in back securely.		
7. Put on isolation gown to cover entire uniform and tie at waist and at neck.		
8. Put on gloves, covering cuffs of gown with gloves.		
C. Removing isolation apparel		
9. Untie waist strings.		
10. Remove gloves by turning inside out, and place in waste basket.		

	YES	NO
11. Wash hands.		
12. Remove mask and place in waste basket.		
13. Remove cap and discard in waste basket.		
14. Untie neck ties of gown.		
15. Place one hand inside cuff and pull sleeve over hand.		
16. Place covered hand on outside of gown to pull gown sleeve over second hand.		
17. Ease out of gown.		
18. Fold gown so inside of gown is outside.		
19. Roll up gown without touching uniform.		
20. Place gown in linen hamper (or waste basket if disposable).		
21. Wash hands.		
22. Remove watch by touching only inside of plastic bag or top part of towel.		
23. Open door with paper towel.		
24. Discard towel in waste can inside room.		
25. Wash hands in utility room.		

The student has satisfactorily completed the procedure "USE OF ISOLATION APPAREL" according to the steps outlined.

Instructor's Charge Personnel's Signature
(Verifying Satisfactory Completion)

(Date)

LESSON PLAN: 6

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV : RECOGNIZING CONCEPTS OF MICROBIOLOGY

SCOPE OF UNIT:

Introduction to the types of infection, the factors required to promote infection, the determination of the presence of infection, and the measures to diagnose and control infections are covered in this unit.

INFORMATION TOPIC: OR DEMONSTRATION: IV-6

TRANSFER STERILE SUPPLIES
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Transfer sterile supplies without contaminating supplies or forceps according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Sterile pick up forceps
2. Container with disinfectant solution

INFORMATIONAL ASSIGNMENT:

Simmers, Louise. Diversified Health Occupations. Albany, NY: Delmar Publishers, Inc., 1983.

REFERENCES:

Simmers, Louise. Diversified Health Occupations. Albany, NY: Delmar Publishers, Inc., 1983.

INTRODUCTION:

Many areas of health care require a knowledge of the techniques of surgical asepsis. One of these techniques which we will learn today is the use of a sterile pick-up or handling forceps. When using a sterile forceps, you must remember your purpose: to transfer sterile articles to a sterile field. You must not contaminate the forceps, the article being transferred, or the sterile field upon which it is placed.

LESSON PLAN: 6

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV : RECOGNIZING CONCEPTS OF MICROBIOLOGY

STEPS OF PROCEDURE:

1. Place thumb and index finger in each curved handle of forceps.
2. Close forceps.
3. Lift forceps out of solution without touching sides or top of container.
4. Shake off excess liquid.
5. Clamp prongs on sterile article to be picked up.

   NOTE: Keep points of forceps in down position.
6. Lift sterile article and place on sterile field.
7. Close prongs.
8. Lower forceps straight down into solution container without touching top edge or sides of container.
9. Open prongs and leave in solution.

SUMMARY AND CONCLUSION

1. Ask interaction items.
2. Review steps of procedure.

LESSON PLAN: 6

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV: RECOGNIZING CONCEPTS OF MICROBIOLOGY

INTERACTION ITEMS:

1. What is the purpose of using sterile forceps?
2. What equipment is needed to transfer sterile supplies?
3. Why must the points of the forceps be kept in the down position?
4. Why are the prongs opened and left open in solution at the end of the procedure?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Practice transferring sterile supplies.

LESSON PLAN: 6

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV : RECOGNIZING CONCEPTS OF MICROBIOLOGY

EVALUATION ITEMS: NAME OF STUDENT ____________________

TRANSFER STERILE SUPPLIES

EQUIPMENT:

1. Sterile pick-up forceps
2. Container with disinfectant solution

DID THE STUDENT	YES	NO
1. Place thumb and index finger in each curved handle of forceps.		
2. Close forceps.		
3. Lift forceps out of solution without touching sides or top of container.		
4. Shake off excess liquid.		
5. Clamp prongs on sterile article to be picked up.		
6. Lift sterile article and place on sterile field.		
7. Close prongs.		
8. Lower forceps straight down into solution container without touching top edge or sides of container.		
9. Open prongs and leave in solution.		

The student has satisfactorily completed the procedure "TRANSFER STERILE SUPPLIES" according to the steps outlined.

Instructor's Charge Personnel's Signature
(Verifying Satisfactory Completion)

(Date)

LESSON PLAN: 7

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV : RECOGNIZING CONCEPTS OF MICROBIOLOGY

SCOPE OF UNIT:

Introduction to the types of infection, the factors required to promote infection, the determination of the presence of infection, and the measures to diagnose and control infections are covered in this unit.

INFORMATION TOPIC: OR DEMONSTRATION: IV-7

HANDWASHING
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Demonstrate correct handwashing technique according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Water
2. Soap
3. Paper towels
4. Wastebasket
5. Hand lotion

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose, and Susan Lambert. Being a Nursing Assistant. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986.

REFERENCES:

McClelland, Sharon and Geraldine Kaspar. A Clinical Manual for Nursing Assistants. Monterey, CA: Wadsworth Health Sciences Division, 1985, pp. 109-110.

INTRODUCTION:

The procedure for washing hands is extremely important; a basic control of microorganisms depends upon clean hands. Handwashing should be performed at specific times and at other times when the health care worker questions the cleanliness of his/her hands. In performing the following procedure, you must remember that you do not turn water controls during the procedure; otherwise, you will contaminate your hands from the faucet controls. Keep hands level or lower than elbows to keep surface bacteria from running up the forearm.

LESSON PLAN: 7

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV : RECOGNIZING CONCEPTS OF MICROBIOLOGY

STEPS OF PROCEDURE:

1. Remove watch and/or loose rings if necessary. Roll up your sleeves.
2. Turn on water with knee, foot, or hand controls; adjust temperature so it is warm.

   CAUTION: Do not turn controls during procedure.

3. Wet hands thoroughly, including two to three inches above wrists; hold hands with wrists lower than elbows.
4. Apply a generous amount of soap to hands. If using bar soap, rinse it well before lathering and before returning it to the dish.
5. Scrub hands for at least 15 seconds:
   - a. Wash palms and back of hands with at least ten circular motions.
   - b. Wash fingers and between fingers with at least ten circular motions.
   - c. Wash wrists and lower arms with at least ten circular motions.
6. Rinse lower arms, wrists, and hands—keep wrists lower than elbows.
7. Dry hands well with paper towel or fresh clean towel, using one for each hand.
8. Turn off faucet with paper towel.
9. Discard paper towel. Be careful not to touch the part that touched the faucet.
10. Apply hand lotion if desired.

SUMMARY AND CONCLUSION:

1. Ask interaction items.
2. Review steps of procedure.

LESSON PLAN: 7

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV : RECOGNIZING CONCEPTS OF MICROBIOLOGY

INTERACTION ITEMS:

1. Why are the faucet controls not turned during the handwashing procedure?
2. Why do we keep our hands lower than our elbows during the handwashing procedure?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Demonstrate handwashing procedure.
2. Divide students into groups to practice and demonstrate handwashing.

LESSON PLAN: 7

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV : RECOGNIZING CONCEPTS OF MICROBIOLOGY

EVALUATION ITEMS:

NAME OF STUDENT ____________________

HANDWASHING

EQUIPMENT:

1. Water
2. Soap
3. Paper towels
4. Wastebasket
5. Hand lotion

DID THE STUDENT	YES	NO
1. Remove watch and/or rings; roll up sleeves.		
2. Turn on water correctly; adjust temperature.		
3. Wet hands and 2-3" above wrists (keeping wrists lower than elbows).		
4. Apply proper amount of soap (rinse bar soap).		
5. Scrub hands using proper technique on palms wrists and fingers.		
6. Rinse lower arms, wrists, and hands (keeping wrists lower than elbows).		
7. Dry hands properly.		
8. Turn off faucet correctly.		
9. Discard towel.		
10. Apply hand lotion if desired.		

The student has satisfactorily completed the procedure "HANDWASHING" according to the steps outlined.

____
Instructor's Charge Personnel's Signature
(Verifying Satisfactory Completion)

____
(Date)

LESSON PLAN: 8

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV : RECOGNIZING CONCEPTS OF MICROBIOLOGY

SCOPE OF UNIT:

Introduction to the types of infection, the factors required to promote infection, the determination of the presence of infection, and the measures to diagnose and control infections are covered in this unit.

INFORMATION TOPIC: IV-8 AND DEMONSTRATION: IV-8

BEDMAKING (UNOCCUPIED)
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Describe an unoccupied bed.
2. Recognize three key points related to bedmaking.
3. Demonstrate making an unoccupied bed according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Making a Mitered Corner and Toe Pleat
2. HO 2: Putting on the Pillowcase
3. Trainex filmstrip #476 "Basic Bed Making for Patient Comfort and Safety"
4. Pillowcase (bottom of pile)
5. Plastic pillow cover
6. Bedspread
7. Blanket
8. Top sheet
9. Cotton draw sheet (optional at some facilities)
10. Plastic or rubber draw sheet (optional at some facilities)
11. Bottom sheet

12. Mattress pad or cover (top of pile)
13. Laundry hamper or bag

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986, pp. 111-119; 124-128.

REFERENCES:

Fouts, Janet and Lynn Mullen. Nursing Assistant Training Manual. Beaverton, OR: Medi Form Printers and Publishers, Inc., 1984, pp. 82-92.

Johnson-Pawlson, Jean and Marsha Goodwin. How to Be a Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1985. pp. 142-145.

McClelland, Sharon and Geraldine Kaspar. A Clinical Manual for Nursing Assistants. Monterey, CA: Wadsworth Health Sciences Division, 1985, pp. 136-138.

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986, pp. 111-119; 124-128.

Sorrentino, Sheila A. Mosby's Textbook for Nursing Assistants. St. Louis: The C.V. Mosby Co., 1984, pp. 184-199.

INTRODUCTION:

A comfortable, clean, and neatly-made bed is extremely important to the elderly. A clean, wrinkle-free bed is especially important for the resident on bedrest. This is a simple nursing measure the health services assistant can take to prevent skin breakdown which can lead to decubitus ulcers. In addition, making a bed using the following procedure will make the room appear neat which is important to the residents' feelings about their environment. Procedures may vary slightly in facilities, depending on the type of linens used.

LESSON PLAN: 8

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV : RECOGNIZING CONCEPTS OF MICROBIOLOGY

I. Key Points of Bedmaking

A. An unoccupied bed is made up when the bed is not being used.

B. Make one side of the bed at a time and then finish the other side to save time and energy.

C. Remove soiled linens without shaking or allowing them to touch the face or uniform.

NOTE: Linens are covered with the resident's germs.

D. Place soiled linens in the proper receptacle—never on the floor or bedside table.

E. Check linen for dentures, jewelry, plastic, glass, chux, facial tissues, or anything else before stripping the bed.

F. Open end of pillowcase is placed away from the door.

G. Linens should be changed as often as needed to assure cleanliness.

LESSON PLAN: 8

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV : RECOGNIZING CONCEPTS OF MICROBIOLOGY

III. Steps of Procedure for Making an Unoccupied Bed

A. Steps beginning procedure

1. Wash your hands.
2. Arrange necessary linens in order to be used.
3. Identify and greet resident. Identify self.
4. Explain what you are going to do.

B. Unoccupied bedmaking procedure

5. Raise bed to high position; lower bed rails.

   NOTE: Bed should be in flat position.

6. Remove pillow; strip pillowcase.
7. Strip bed; place soiled linen in hamper or bag.
8. Wash and dry mattress, if soiled.
9. Place mattress pad on bed and pull smooth.
10. Unfold bottom sheet on bed, full length, with bottom hem at bottom edge of mattress.

    NOTE: For fitted sheets, tuck in both sides of mattress pad and make sure all four corners are fitted securely under the corners.

11. Tuck in head end of bottom sheet and miter corner. (HO 1)
12. Tuck in near edge of bottom sheet, working from head to foot.
13. Folding plastic draw sheet in half, place on middle 1/3 of mattress; tuck in near side only.
14. Folding cotton draw sheet in half, place over plastic draw sheet and tuck near side only.
15. Place top sheet, halved, full length of bed, with hem at edge of head end of mattress.

NOTE: Always place linen over footboards or cradles. These devices are used to protect toes and feet from pressure.

16. Unfold the top sheet and place it level with the top edge of the head of the mattress.

17. Place blanket over top sheet centered on bed and about eight (8) inches down from the edge of the top sheet.

18. Place bedspread (centered) over top sheet and blanket; leave enough spread to cover a pillow at top edge.

19. Miter lower corner of sheet, blanket, and spread together on near side; allow to hang free.

20. Gather open end of pillowcase in one hand, full length, and grasp pillow edge with same hand; with free hand fit pillow corners into case. (HO 2)

21. Place pillow on near half of bed with open end of case away from the doorway; walk to far side of bed.

22. Fold back on bed each piece of linen.

23. Pull mattress pad smooth and tuck under mattress from head to foot.

24. Pull bottom sheet tight; tuck under head of mattress; miter corner; tuck in remainder of sheet from head to foot.

25. Tighten plastic draw sheet; tuck in middle first, then top 1/3, and finally bottom 1/3.

26. Repeat step 25 with cotton draw sheet.

27. Pull top sheet blanket and bedspread straight; tuck under foot end of mattress.

28. Miter corner with sheet, blanket, and spread.

29. Place pillow in center of head of bed; pull bedspread over.

C. Steps ending procedure

30. Lower bed and recess bed cranks.

31. Raise bed rail on opposite side of entry.

32. Take dirty linen to laundry room.

33. Wash your hands.

IV. Summary and Conclusion

   A. Key points of bedmaking

   B. Ask interaction items.

   C. Review steps of procedures.

LESSON PLAN: 8

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV : RECOGNIZING CONCEPTS OF MICROBIOLOGY

INTERACTION ITEMS:

1. Why is linen stacked in the order of use?
2. Why should soiled linen be removed without shaking or allowing it to touch the nurse assistant's face or uniform?
3. When using a footboard, how would you place the top sheet, blanket, and spread?
4. Why is it important to complete as much as possible on one side of the bed before going to the other side?
5. What is the significance of a clean, wrinkle-free bed for the resident?
6. How often do you change the bed linen of the incontinent resident?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Show filmstrips.
2. Instructor demonstrates unoccupied bedmaking procedure.
3. Students practice unoccupied bedmaking procedure.

LESSON PLAN: 8

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV : RECOGNIZING CONCEPTS OF MICROBIOLOGY

EVALUATION ITEMS:

1. Describe an unoccupied bed.

2. Soiled linens should be placed: (Circle the letter of the correct answer.)

   a. On the floor
   b. In the clothes hamper/bag
   c. On the bedside table
   d. On the chair

For each of the following, write "T" if the statement is true, or "F" if it is false.

_____ 3. By making one side of the bed and then going over to the other side and finishing it, you will save time and energy.

_____ 4. Linen should be changed once a week.

LESSON PLAN: 8

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IV : RECOGNIZING CONCEPTS OF MICROBIOLOGY

EVALUATION ITEMS:

NAME OF STUDENT:________________

BEDMAKING (UNOCCUPIED)

EQUIPMENT:

1. Pillowcase
2. Plastic pillow cover
3. Bedspread
4. Blanket
5. Top sheet
6. Cotton pad or chux (optional)
7. Cotton draw sheet
8. Plastic or rubber draw sheet
9. Bottom sheet
10. Mattress pad or cover
11. Laundry hamper or bag

DID THE STUDENT	YES	NO
Making an Unoccupied Bed		
A. Steps beginning procedure		
1. Wash hands.		
2. Arrange necessary linens in order to be used.		
3. Identify and greet resident. Identify self.		
4. Explain procedure to resident.		
B. Unoccupied bedmaking procedure		
5. Raise bed to high position; lower bed rails.		
6. Remove pillow; strip pillowcase.		
7. Strip bed; place soiled linen in hamper or bag.		
8. Wash and dry mattress if soiled.		
9. Place mattress pad on bed and pull smooth.		

	YES	NO
10. Unfold bottom sheet on bed, full length, with bottom hem at bottom edge of mattress.		
11. Tuck in head end of bottom sheet and miter corner.		
12. Tuck in near edge of bottom sheet, working from head to foot.		
13. Folding plastic draw sheet in half, place on middle 1/3 of mattress; tuck in near side only.		
14. Folding cotton draw sheet in half, place over plastic draw sheet and tuck near side only.		
15. Place top sheet, halved, full length of bed, with hem at edge of head end of mattress.		
16. Unfold the top sheet and place it level with the top edge of the head of the mattress.		
17. Place blanket over top sheet centered on bed and about eight (8) inches down from the edge of the top sheet.		
18. Place bedspread (centered) over top sheet and blanket; leave enough spread to cover a pillow at top edge.		
19. Miter lower corner of sheet, blanket, and spread together on near side; allow to hang free.		
20. Gather open end of pillowcase in one hand, full length, and grasp pillow edge with same hand; with free hand fit pillow corners into case.		
21. Place pillow on near half of bed with open end of case away from the doorway; walk to far side of bed.		
22. Fold back on bed each piece of linen.		
23. Pull mattress pad smooth and tuck under mattress from head to foot.		

		YES	NO
	24. Pull bottom sheet tight; tuck under head of mattress; miter corner; tuck in remainder of sheet from head to foot.		
	25. Tighten plastic draw sheet; tuck in middle first, then top 1/3, and finally bottom 1/3.		
	26. Repeat step 25 with cotton draw sheet.		
	27. Pull top sheet, blanket, and bedspread straight; tuck under foot end of mattress.		
	28. Miter corner with sheet, blanket, and spread.		
	29. Place pillow in center of head of bed; pull bedspread over.		
C.	Steps ending procedure 30. Lower bed and recess bed cranks.		
	31. Raise bed rail on opposite side of entry.		
	32. Take dirty linen to laundry room.		
	33. Wash hands.		

The student has satisfactorily completed the procedure "BEDMAKING (UNOCCUPIED)" according to the steps outlined.

____
Instructor's Charge Personnel's Signature
(Verifying Satisfactory Completion)

____
(Date)

LESSON PLAN: 8

COURSE TITLE: HEALTH SERVICES ASSISTANT

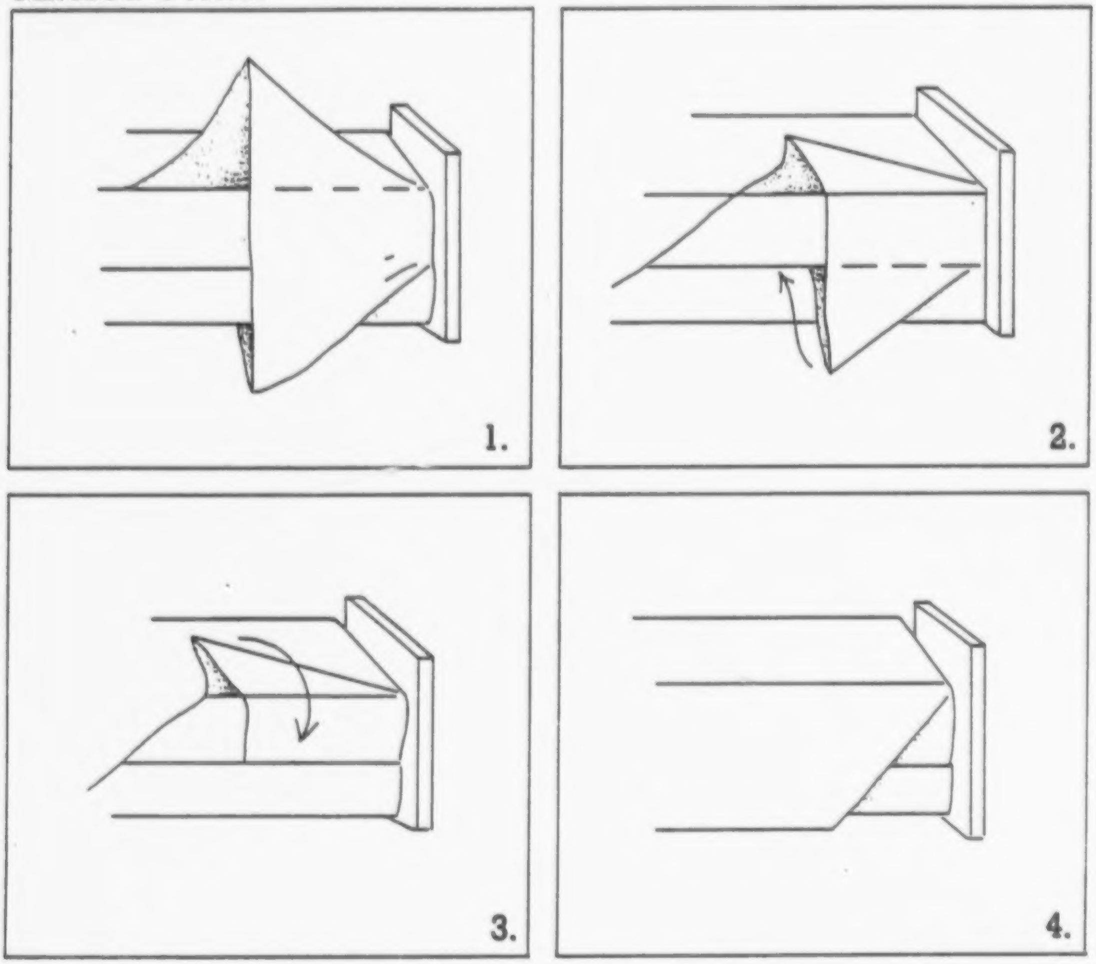
UNIT IV : RECOGNIZING CONCEPTS OF MICROBIOLOGY

ANSWERS TO EVALUATION ITEMS:

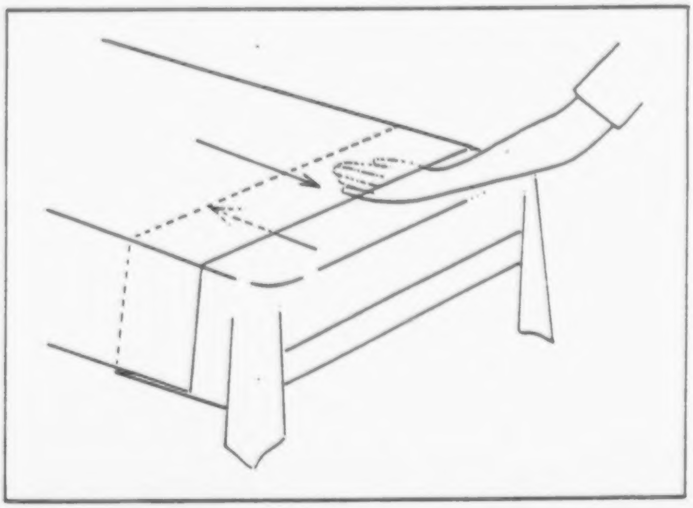
1. An unoccupied bed is one that is not being used.
2. b
3. T
4. F

Making a Mitered Corner and Toe Pleat

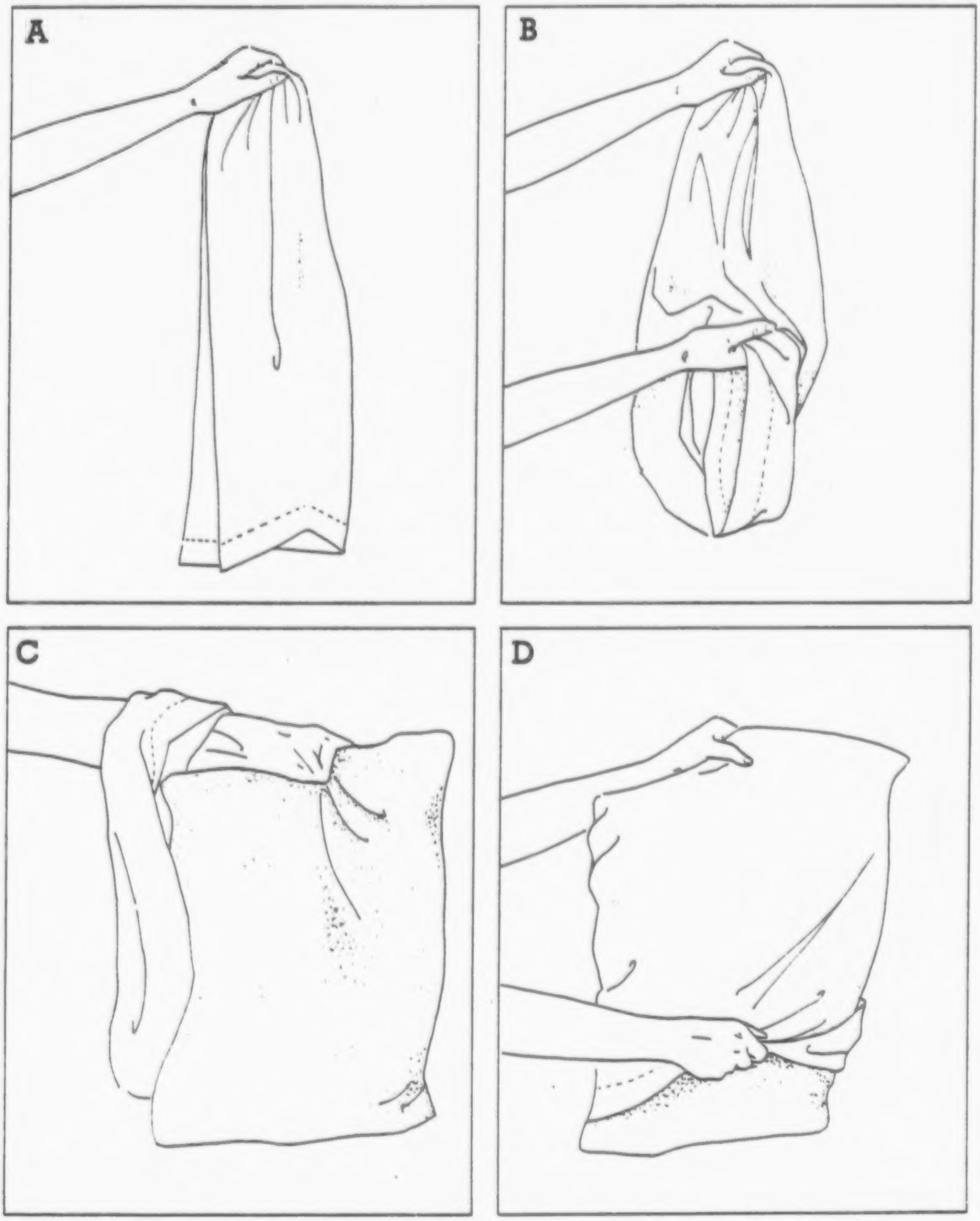
Mitered Corner



Toe Pleat



Putting on the Pillowcase



LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT V : RECOGNIZING CONCEPTS OF THE BODY AS A WHOLE

SCOPE OF UNIT:

This unit introduces the body as a whole, its organizational structure and the terminology associated with it.

INFORMATION TOPIC: V-1 OR DEMONSTRATION:

THE BODY AS A WHOLE
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Describe anatomical position.
2. Identify body planes on a diagram.
3. Match directional terms to correct definitions.
4. Apply correct directional terms related to body parts.
5. List the two major body cavities, the subdivision in each, and the major organs in each.
6. Identify regions of the abdomen.
7. Identify quadrants of the abdomen.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Anatomical Position
2. HO 2: Body Planes
3. HO 3: Directional Terms
4. HO 4: Body Cavities
5. HO 5: Regions of the Abdomen
6. HO 6: Quadrants of the Abdomen
7. State Fair Community College Media Center slide/tape #490: "Introduction to the Human Body"

8. Wall charts of human body
9. Anatomical model (entire body) - standard tool

INFORMATIONAL ASSIGNMENT: (Student)

Rosdahl, Caroline Bunker. Basic Nursing. 4th ed. Philadelphia: J.B. Lippincott, 1985.

Schneidman, Rose and Susan Lambert. Being A Nursing Assistant. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986.

REFERENCES: (Instructor's Additional Information)

Rosdahl, Caroline Bunker. Basic Nursing. 4th ed. Philadelphia: J.B. Lippincott, 1985.

Memmler, Ruth L., and Dena L. Wood. Structure and Function of the Human Body. Philadelphia: J.B. Lippincott Co., 1977.

INTRODUCTION:

In this lesson we will study directional terms and body regions used frequently in the health care field to describe the position of one body part in relation to another.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT V : RECOGNIZING CONCEPTS OF THE BODY AS A WHOLE

OUTLINE: (Key Points)

I. Anatomical Position (HO 1) - body is erect with arms at sides and palms turned forward (II-1)

II. Body Planes (HO 2)

  A. Sagittal - divides body into right and left sides

  B. Frontal - divides body into front and back

  C. Transverse - divides body into top and bottom

III. Directional Terms (HO 3)

  A. Superior - toward the head end or the upper part of body

  B. Inferior - away from the head end or toward the lower part of body

  C. Medial - closer to the midline of the body

  D. Lateral - toward the side of body or away from midline

  E. Proximal - nearer a point of reference, usually the trunk or middle of the body

  F. Distal - farther away from a point of reference, usually the trunk or middle of the body

  G. Anterior (ventral) - the front or "belly side" of the body

  H. Posterior (dorsal) - the back side of the body

IV. Body Cavities (HO 4) (II-2)

  A. Dorsal (posterior)

    1. Cranial - contains brain

    2. Spinal - contains spinal cord

  B. Ventral (Anterior)

    1. Thoracic - contains lungs, heart

    2. Abdominal - contains stomach, intestines

3. Pelvic - contains bladder and some reproductive organs

V. Regions of the Abdomen (HO 5)

A. Right hypochondriac

B. Left hypochondriac

C. Epigastric

D. Umbilical

E. Right lumbar

F. Left lumbar

G. Right iliac

H. Left iliac

I. Hypogastric

VI. Quadrants of the Abdomen (HO 6)

A. Right upper quadrant

B. Right lower quadrant

C. Left upper quadrant

D. Left lower quadrant

VII. Summary and Conclusion

A. Anatomical position

B. Body planes

C. Directional terms

D. Body cavities

E. Regions of the abdomen

F. Quadrants of the abodmen

In the next lesson, we will look at the organization of the body beginning with the single cell. Be sure to study the handout and read the informational assignment beforehand.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT V : RECOGNIZING CONCEPTS OF THE BODY AS A WHOLE

INTERACTION ITEMS:

1. What is the anatomical position?
2. What are the body cavities?
3. What are the nine regions of the abdomen?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Discuss the handouts included with this lesson and in conjunction with the classroom anatomical model.
2. Have students describe parts of their bodies using directional terms.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT V : RECOGNIZING CONCEPTS OF THE BODY AS A WHOLE

EVALUATION ITEMS:

1. What is the anatomical position?

2. Match the following directional terms to the correct definitions.

    ____ a. Toward the head end or the upper part of body

    ____ b. Toward the side of body or away from midline

    ____ c. Farther away from a point of reference

    ____ d. Closer to the midline of the body

    ____ e. Nearer a point of reference, usually the trunk or middle of the body

    ____ f. The back side of the body

    ____ g. The front or "belly side" of the body

    ____ h. Away from the head or toward the lower part of the body

    1. Lateral
    2. Proximal
    3. Medial
    4. Distal
    5. Anterior
    6. Inferior
    7. Superior
    8. Posterior
    9. Dorsal
    10. Ventral

3. Fill in the blank with the correct directional term.

    a. The ankle is ________________ to the thigh.

    b. The thigh is ________________ to the ankle.

    c. The knee cap is anterior or ____________________.

    d. The little finger is ________________ to the trunk.

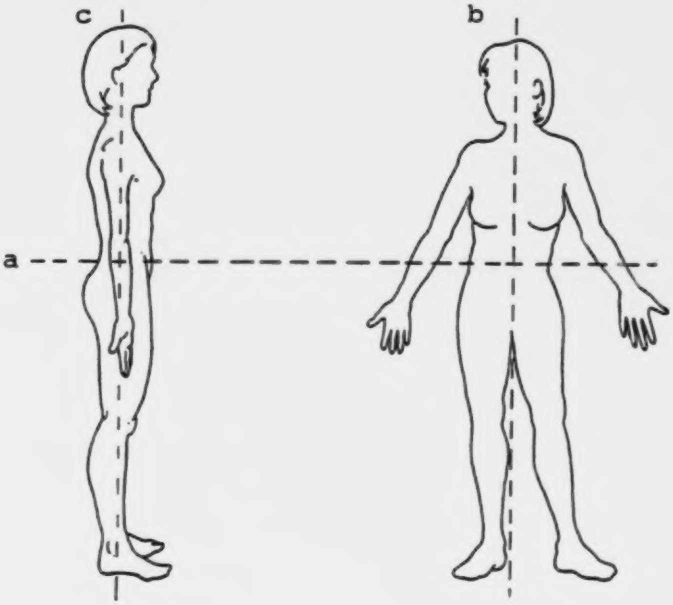
    e. The thumb is ____________________ to the trunk.

4. Identify body planes on the following diagram.

a.

b.

c.



5. List the body cavities and their subdivisions.

a.

   1.

   2.

b.

   1.

   2.

   3.

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6. Name the regions of the abdomen shown on the diagram

a.

b.

c.

d.

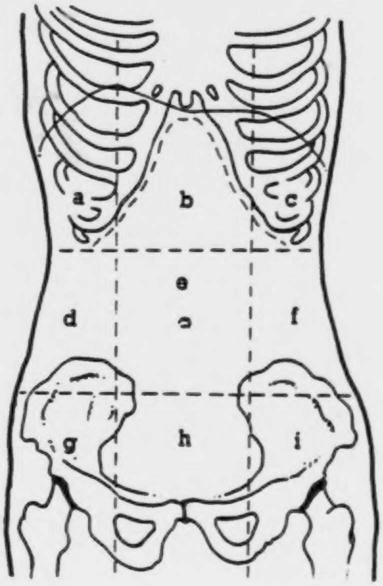
e.

f.

g.

h.

i.



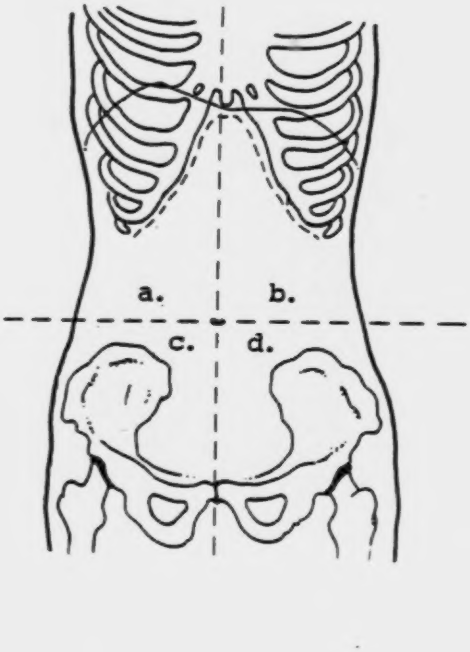
7. Name the quadrants of the abdomen shown on the diagram.

a.

b.

c.

d.



LESSON PLAN: 1

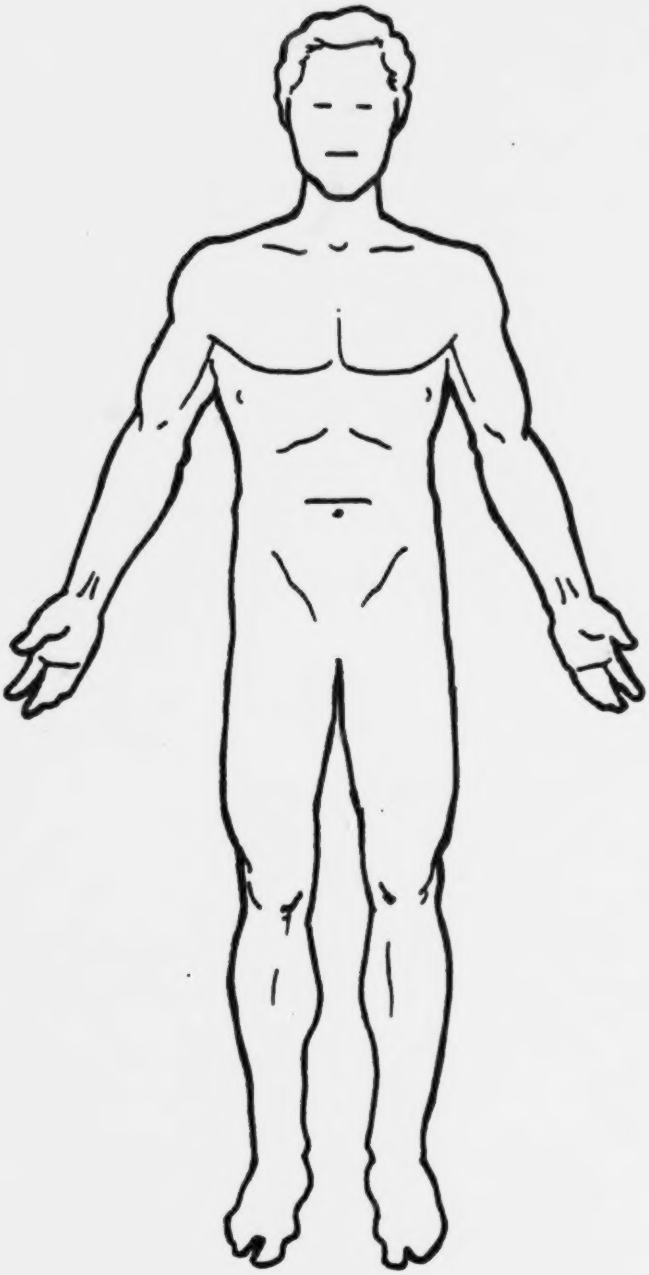
COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT V : RECOGNIZING CONCEPTS OF THE BODY AS A WHOLE

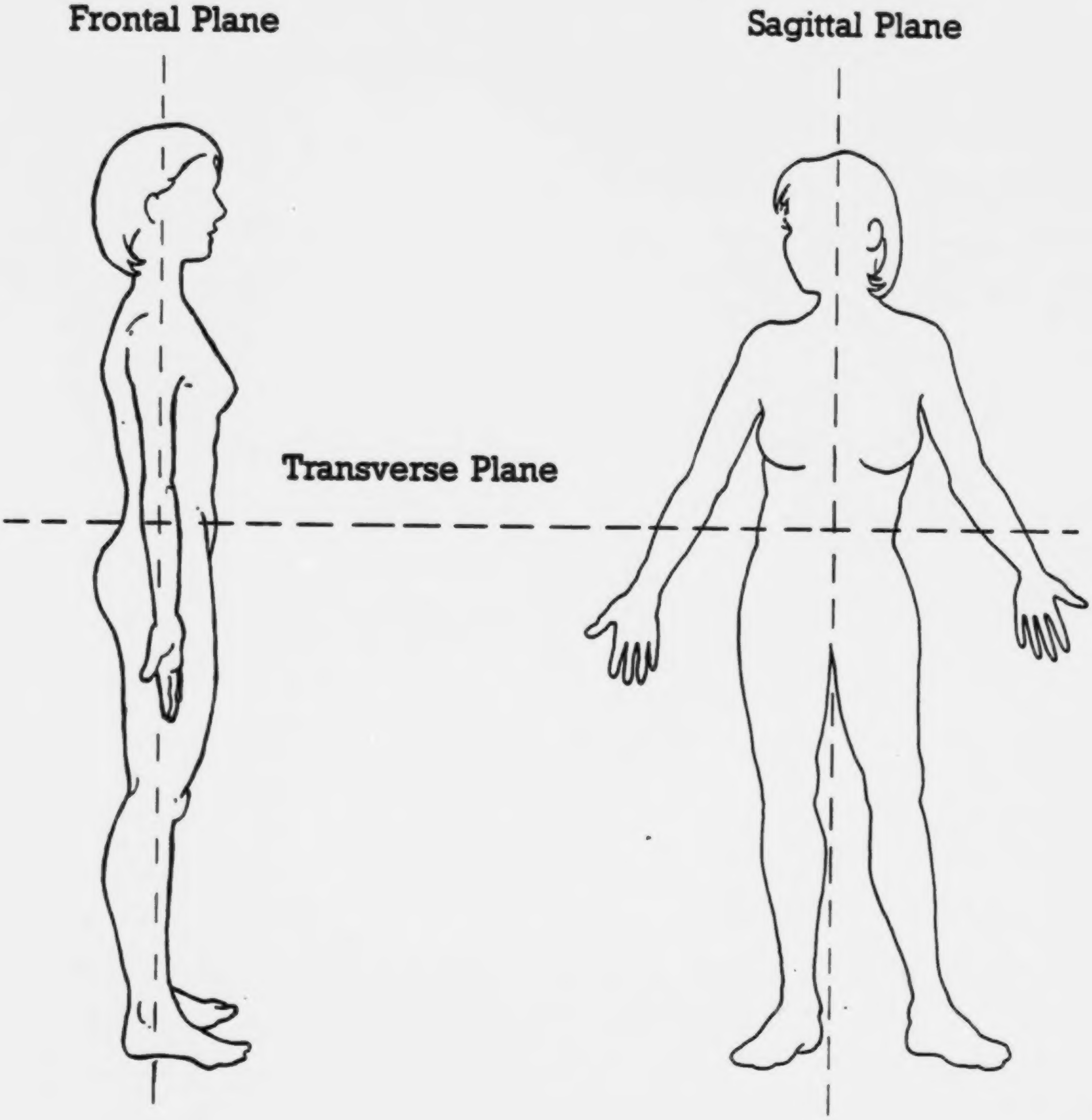
ANSWERS TO EVALUATION ITEMS:

1. The body is erect with arms at the sides and palms turned forward.
2. a. 7
   b. 1
   c. 4
   d. 3
   e. 2
   f. 8, 9
   g. 5, 10
   h. 6
3. a. Inferior
   b. Superior
   c. Ventral
   d. Medial
   e. Lateral
4. a. Transverse
   b. Sagittal
   c. Frontal
5. a. Dorsal
      1. Cranial
      2. Spinal
   b. Ventral
      1. Thoracic
      2. Abdominal
      3. Pelvic
6. a. Right hypochondriac
   b. Epigastric
   c. Left hypochondriac
   d. Right lumbar
   e. Umbilical
   f. Left lumbar
   g. Right iliac
   h. Hypogastric
   i. Left iliac
7. a. Right upper quadrant
   b. Left upper quadrant
   c. Right lower quadrant
   d. Left lower quadrant

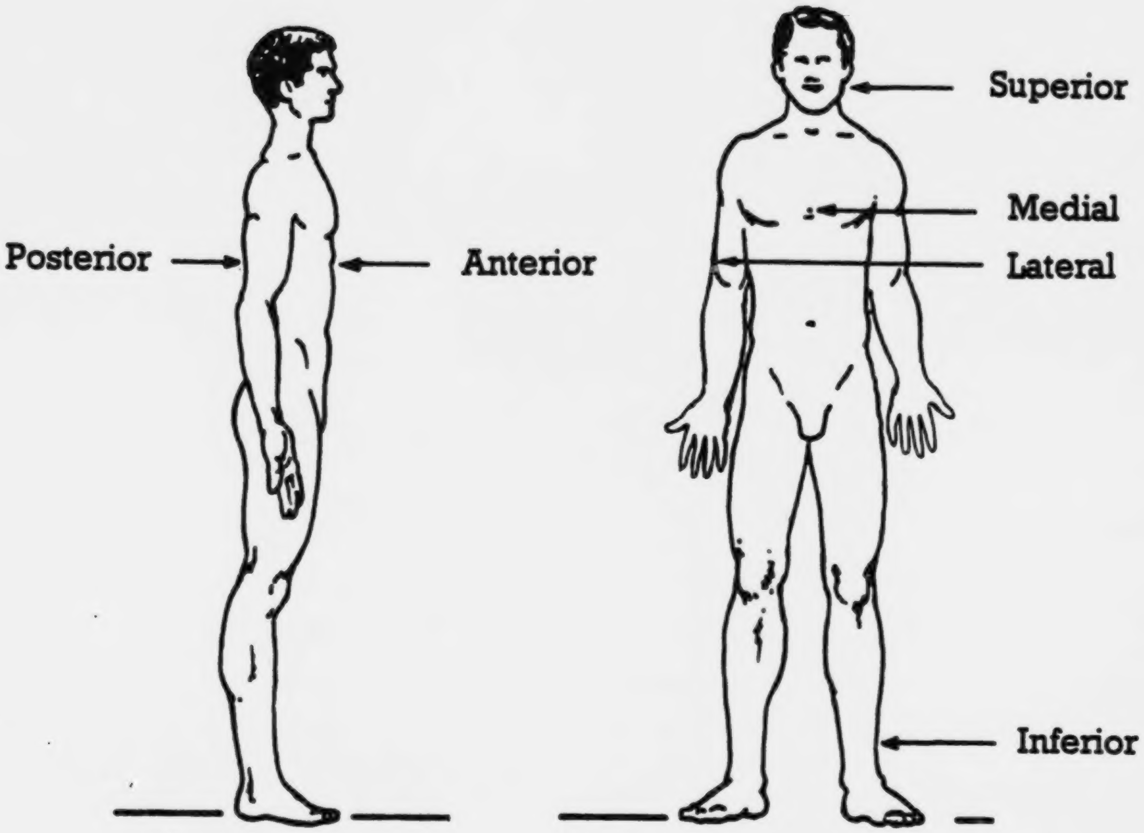
Anatomical Position

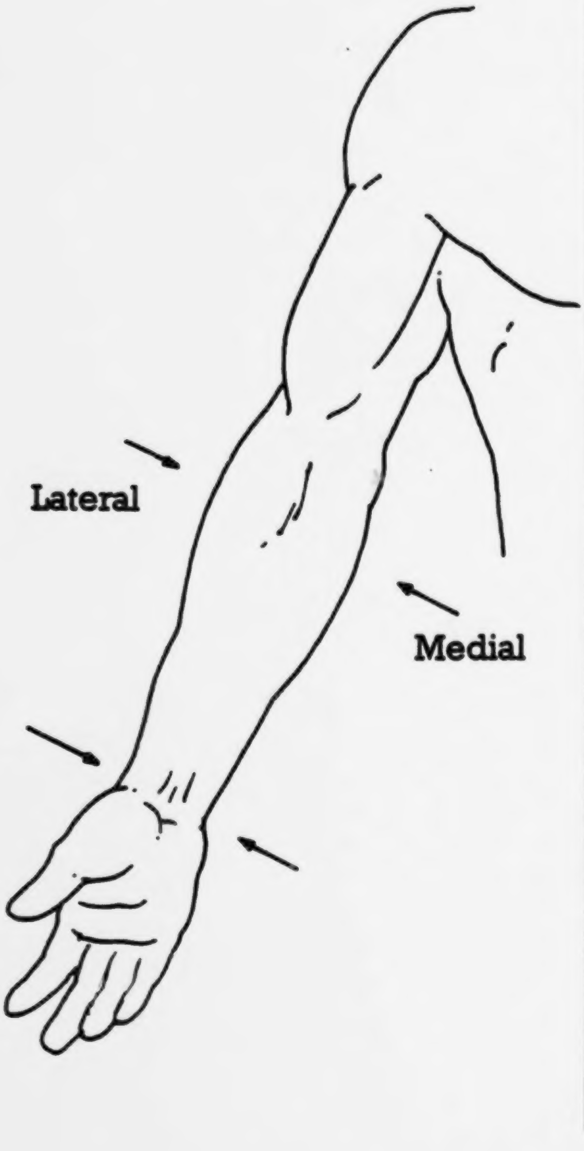


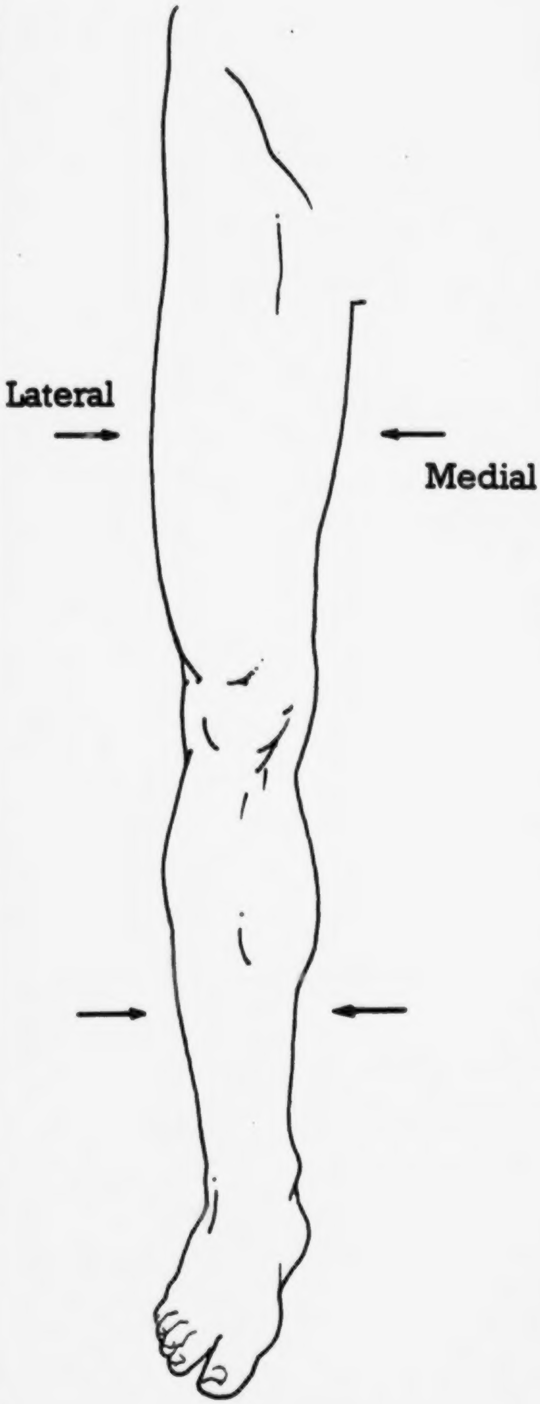
Body Planes


Frontal Plane
Sagittal Plane
Transverse Plane

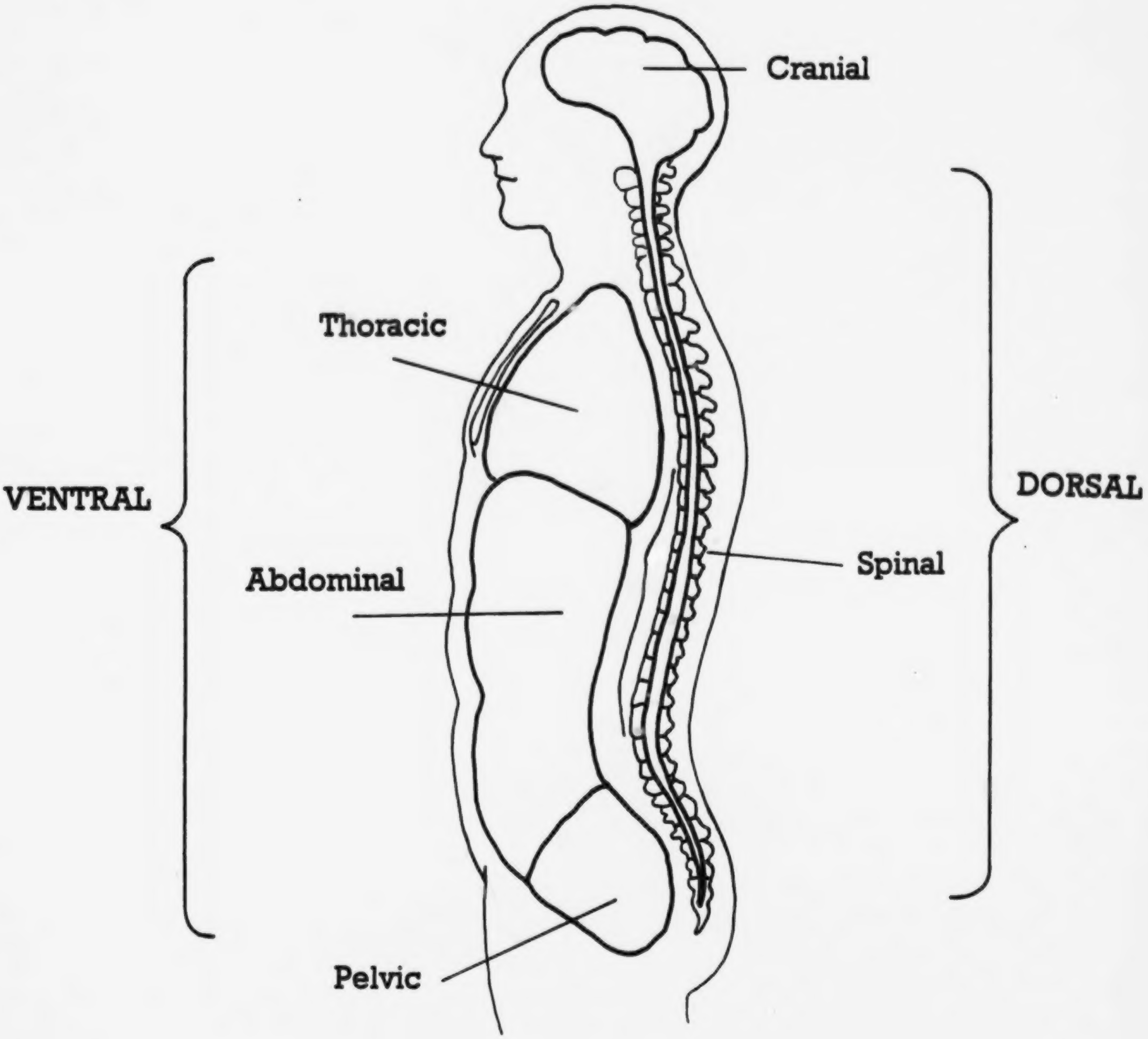
Directional Terms


Posterior
Anterior
Superior
Medial
Lateral
Inferior

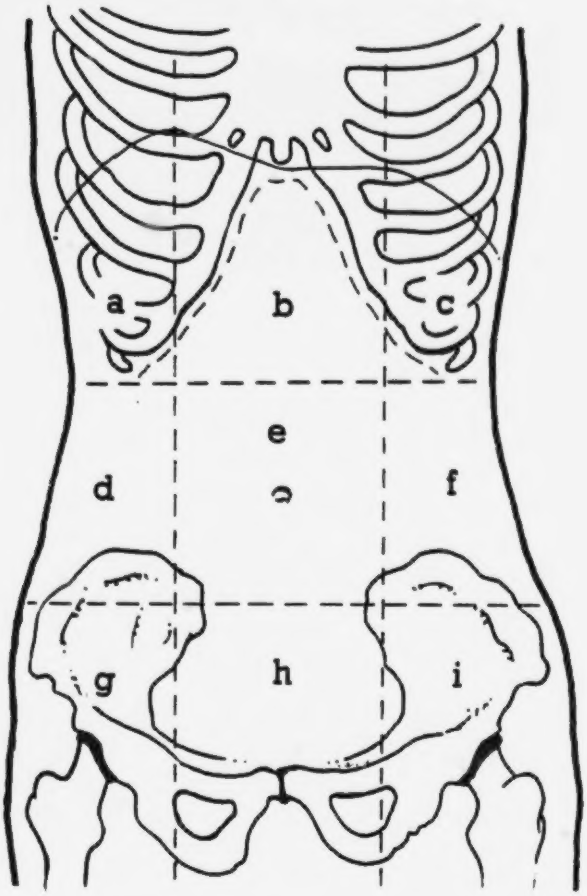

Lateral
Medial


Lateral
Medial

Body Cavities

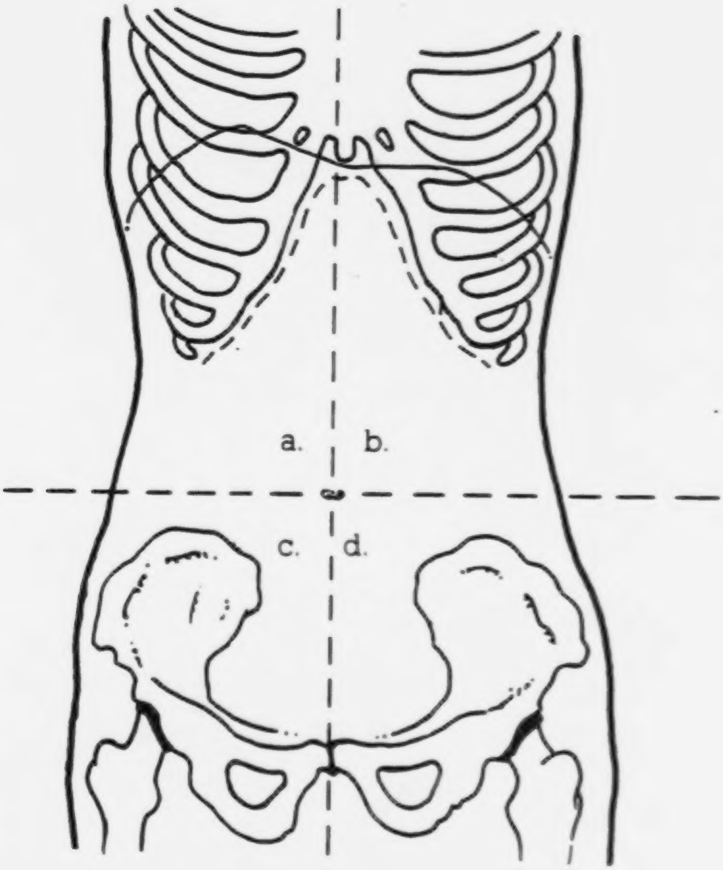

Cranial
Thoracic
VENTRAL
Abdominal
Pelvic
DORSAL
Spinal

Regions of the Abdomen



a. Right Hypochondriac
b. Epigastric
c. Left Hypochondriac
d. Right Lumbar
e. Umbilical
f. Left Lumbar
g. Right Iliac
h. Hypogastric
i. Left Iliac

Quadrants of the Abdomen



a. Right Upper Quadrant
b. Left Upper Quadrant
c. Right Lower Quadrant
d. Left Lower Quadrant

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT V : RECOGNIZING CONCEPTS OF THE BODY AS A WHOLE

SCOPE OF UNIT:

This unit introduces the body as a whole, its organizational structure, and the terminology associated with it.

INFORMATION TOPIC: V-2 OR DEMONSTRATION:

ORGANIZATION OF THE BODY
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Match terms associated with the organization of the body.
2. List five functions of a cell.
3. Label parts of a cell.
4. List four basic types of body tissues.
5. Name four types of body membranes and describe their functions.
6. Describe the function of an organ and list examples.
7. Describe the function of an organ system and list an example.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: The Cell
2. American Cancer Society film: "The Cell and the Cytotechnologist"

INFORMATIONAL ASSIGNMENT: (Student)

Memmler, Ruth L. and Dena L. Wood. Structure and Function of the Human Body. Philadelphia: J.B. Lippincott Co., 1977.

Rosdahl, Caroline Bunker. Basic Nursing. 4th ed. Philadelphia: J.B. Lippincott, 1985.

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REFERENCES: (Instructor's Additional Information)

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Rosdahl, Caroline Bunker. Basic Nursing. 4th ed. Philadelphia: J.B. Lippincott, 1985.

Schniedman, Rose Susan Lambert. Being a Nursing Assistant. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986.

INTRODUCTION:

As we begin our study of the structure and function of the human body we become aware of its marvelous workings and learn to appreciate our bodies. It is necessary to be familiar with the normal body in order to recognize deviations.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT V : RECOGNIZING CONCEPTS OF THE BODY AS A WHOLE

OUTLINE: (Key Points)

I. Terms and Definitions

   A. Anatomy - the study of body structure

   B. Cytology - the study of cells, their origin, structure, and functions

   C. Diffusion - movement of particles through a cell membrane, either in or out, when their concentration is greater on one side of the membrane than on the other

   D. Enzymes - proteins which act as chemical catalysts in living organisms

   E. Filtration - movement of particles in solution from a place of higher hydrostatic pressure to a place of lower hydrostatic pressure

   F. Histocyte - a tissue cell

   G. Histology - the study of tissue

   H. Homeostasis - a state of chemical balance between a cell and its environment

   I. Hydrostatic pressure - pressure exerted by a liquid within a closed system

   J. Metabolism - sum total of chemical reactions which occur in a living organism

   K. Osmosis - movement of solvent molecules through a semipermeable membrane from region of higher water concentration to lower concentration

   L. Physiology - the study of body function

   M. Protoplasm - living substance of all cells (II-1)

      a. Composition - 70% water, calcium, phosphorus, etc.

      b. Characteristics - irritability, motility, metabolism, growth, and reproduction

II. Cells (HO 1) - fundamental unit of all living tissue

- A. Size - microscopic
- B. Structure
  1. Membrane - thin layer of tissue covering the surface
  2. Nucleus - responsible for reproduction of cells and coordination of cell activities
  3. Cytoplasm - all the substances of a cell excluding the nucleus
  4. Mitochondria - needed for production of power and energy within the cell
  5. Organelles - various particles of living substance bound within cells
- C. Function (II-2)
  1. Metabolism - process by which cells build protein and produce energy
  2. Respiration - exchange of gases (CO_2 and O_2)
  3. Nutrition - nourishment
  4. Excretion - eliminating of waste products
  5. Reproduction (mitosis) - reproduce self; increase total amount of protoplasm
  6. Irritability - responds to a change in environment
  7. Conductivity - transmission of nerve impulses
  8. Contractility - the ability to contract or shorten

III. Types of Tissue

- A. Muscle - contracts and stretches, causing motion
- B. Nerve - receives stimuli and conducts impulses to and from all body parts
- C. Connective - anchors and supports other body structures
- D. Epithelial - protects body parts and produces secretions

IV. Membranes - thin, soft sheets of tissue that line a tube or cavity, covers organs or structures or separates one part from another

- A. Mucous

    1. Lines body cavities that open to outside
    2. Secretes mucus
  - B. Serous
    1. Lines body cavities that do not open to the exterior
    2. Secretes serous fluid
    3. Prevents friction
  - C. Cutaneous - covers body, skin
  - D. Synovial
    1. Acts as a cushion
    2. Lines joint cavities
    3. Secretes synovial fluid

V. Organs
  - A. A group of similar tissue performing a same function
  - B. Examples - heart, lung, stomach, etc.

VI. Organ (Body) Systems
  - A. A group of organs performing a same function
  - B. Example - brain, nerves, and spinal cord, which control and coordinate the body's activities (nervous system)

VII. Summary and Conclusion
  - A. Terminology
  - B. Cells
  - C. Types of tissues
  - D. Membranes
  - E. Organs
  - F. Organ (body) systems

It is amazing how each cell can function independently or in concert with other cells to form body systems which provide for your existence. For the next lesson, review the handouts of the body systems so that you will begin to understand why and how they function in maintaining your body.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT V : RECOGNIZING CONCEPTS OF THE BODY AS A WHOLE

INTERACTION ITEMS:

1. Name the living material found in all cells.
2. What are the functions of a cell?
3. What are the different types of tissue?
4. What is an organ?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Examine prepared microscope slides of various types of tissues.
2. Divide class into small groups and discuss why knowledge of body organization is important to:
    a. Laboratory technician
    b. Physician
    c. Physical therapist
    d. Nurse
    e. Other health occupations
3. Explain and show the different organs of the anatomical model.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT V : RECOGNIZING CONCEPTS OF THE BODY AS A WHOLE

EVALUATION ITEMS:

1. Match terms associated with the organization of the body to the correct definitions.

___ a. The study of body structure

___ b. The study of body function

___ c. Living substance of all cells

___ d. Proteins which act as chemical catalysts in living organisms

___ e. The study of cells, their origin, structure, and functions

___ f. Movement of particles through cell membrane, either in or out, when their concentration is greater on one side of the membrane than on the other

___ g. Movement of particles in solution from a place of higher hydrostatic pressure to a place of lower hydrostatic pressure.

___ h. A state of chemical balance between a cell and its environment

___ i. Sum total of chemical reactions which occur in a living organism

___ j. Movement of solvent molecules through a semipermeable membrane from a region of higher water concentration to lower concentration

1. Osmosis
2. Filtration
3. Protoplasm
4. Enzymes
5. Homeostasis
6. Diffusion
7. Metabolism
8. Anatomy
9. Cytology
10. Physiology

2. List five functions of cells.

   a.

   b.

   c.

   d.

   e.

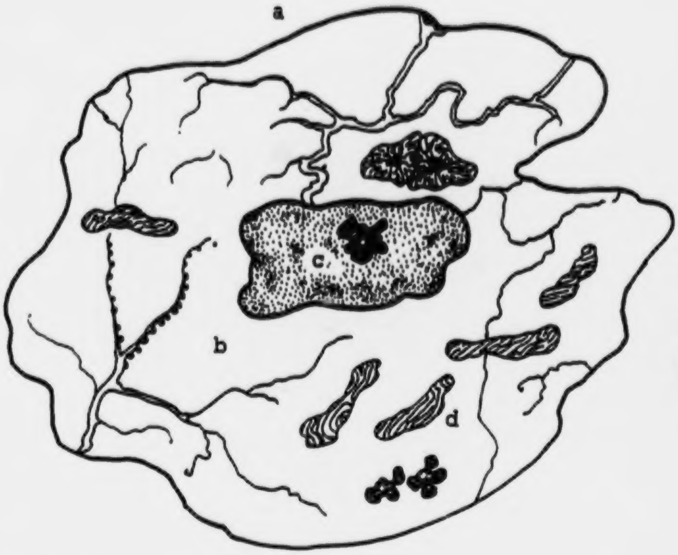
3. Label the parts of the cell indicated on the diagram.

   a.

   b.

   c.

   d.



4. The four basic types of tissues in the body are:

   a.

   b.

   c.

   d.

5. Name four types of body membranes and describe their functions.

   a.

   b.

   c.

   d.

6. Describe the function of an organ and list three examples.

   a.

   b.

   c.

7. Describe the function of an organ (body) system and list an example.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT V: RECOGNIZING CONCEPTS OF THE BODY AS A WHOLE

ANSWERS TO EVALUATION ITEMS:

1. a. 8
   b. 10
   c. 3
   d. 4
   e. 9
   f. 6
   g. 2
   h. 5
   i. 7
   j. 1

2. (Any five of the following:)
   a. Metabolism
   b. Respiration
   c. Nutrition
   d. Excretion
   e. Reproduction
   f. Conductivity
   g. Contractibility
   h. Irritability

3. a. Cell membrane
   b. Cytoplasm
   c. Nucleus
   d. Mitochondria

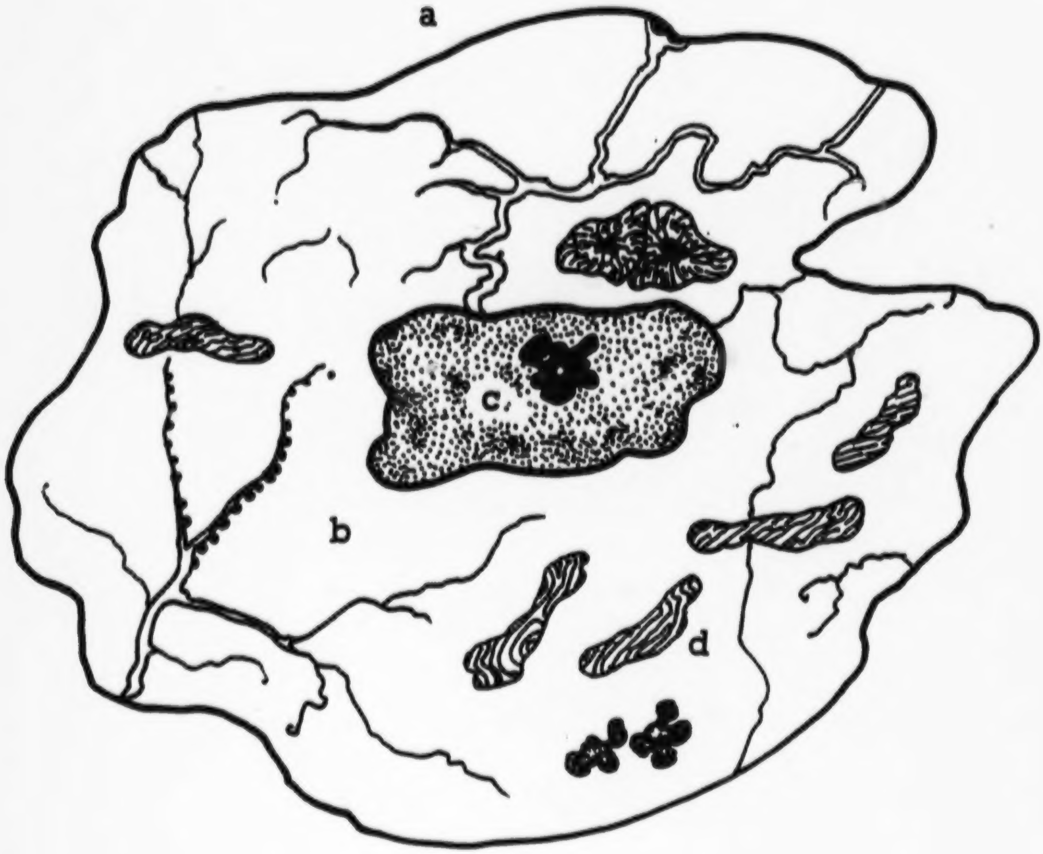
4. a. Muscle
   b. Nerve
   c. Connective
   d. Epithelial

5. a. Mucous - lines body cavities that open to outside; secretes mucus
   b. Serous - prevents friction; lines body cavities that do not open to the exterior; secretes serious fluid
   c. Cutaneous - covers body
   d. Synovial - acts as a cushion; lines joint cavities; secretes synovial fluid

6. A group of similar tissue performing a same function; examples - heart, lung, stomach, etc.

7. A group of organs performing a same function; examples - skeletal system, muscular system, respiratory system, etc.

The Cell



a. Cell membrane

b. Cytoplasm

c. Nucleus

d. Mitochondrion

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LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT V : RECOGNIZING CONCEPTS OF THE BODY AS A WHOLE

SCOPE OF UNIT:

This unit introduces the body as a whole, its organizational structure, and the terminology associated with it.

INFORMATION TOPIC: V-3 OR DEMONSTRATION:

OVERVIEW OF BODY SYSTEMS
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Match one body function with each of the twelve body systems.
2. Name two structures within each system.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: The Twelve Body Systems
2. Skeletorso
3. Wall charts of body systems

INFORMATIONAL ASSIGNMENT: (Student)

Rosdahl, Caroline Bunker. Basic Nursing. 4th ed. Philadelphia: J.B. Lippincott, 1985.

REFERENCES: (Instructor's Additional Information)

Memmler, Ruth L. and Dena L. Wood. Structure and Function of the Human Body. Philadelphia: J.B. Lippincott Co., 1977.

Memmler, Ruth L. and Dena L. Wood. The Human Body and Disease. Philadelphia: J.B. Lippincott Co., 1977.

INTRODUCTION:

A basic knowledge of the structure and function of the body systems will assist you in recognizing deviations from the norm. This is especially critical as a foundation for assessing a patient's condition and care needs. In this lesson we will briefly describe each system, its structure, and its function.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT V : RECOGNIZING CONCEPTS OF THE BODY AS A WHOLE

OUTLINE: (Key Points)

I. Skeletal System (HO 1) (II-1)
   A. Structures
      1. Bones
      2. Joints - place where two bones meet
   B. Functions
      1. Support of body
      2. Protection of organs and soft tissues
      3. Leverage - serve as levers for connection with muscles
      4. Production of blood cells
      5. Store calcium

II. Muscular System (HO 1)
   A. Structures
      1. Voluntary muscles - muscles that are controlled by the mind
         a. Arms
         b. Legs
      2. Involuntary muscles - muscles that are not controlled by the mind (II-2)
         a. Muscles that control size of pupil in eye
         b. Stomach
      3. Cardiac Muscle - found only in heart
   B. Functions
      1. Movement
      2. Heat production

3. Posture
4. Protection

III. Nervous System (HD 1)

A. Structures

1. Central nervous system
   a. Brain
   b. Spinal cord
2. Peripheral nervous system
   a. Spinal nerve
   b. Cranial nerves

B. Functions

1. Controls body activities
2. Coordinates body activities

IV. Sensory System (HD 1)

A. Structures

1. Eye
2. Ear
3. Nose
4. Mouth and throat
5. Skin (skin system)

B. Functions

1. Vision
2. Hearing
3. Balance
4. Smell
5. Taste
6. Touch (skin system)

V. Cardiovascular System (HO 1)

   A. Structures

      1. Heart

      2. Blood vessels

      3. Blood

   B. Functions

      1. Carries nutrients and oxygen to cells by way of blood vessels

      2. Removes waste from cells

VI. Respiratory System (HO 1)

   A. Structures

      1. Nose

      2. Mouth

      3. Pharynx

      4. Larynx

      5. Trachea

      6. Lungs

      7. Bronchi

      8. Bronchioles

      9. Alveoli

   B. Functions

      1. Provides oxygen to cells

      2. Removes wastes in form of carbon dioxide

VII. Digestive System (HO 1)

   A. Structures

      1. Mouth

      2. Esophagus

      3. Stomach

        4. Liver
        5. Gallbladder
        6. Small intestines
        7. Large intestines
    B. Functions
        1. Ingests food
        2. Prepares food for use by the body (II-3)
        3. Excretes solid wastes

VIII. Urinary System (HO 1)
    A. Structures
        1. Kidneys
        2. Ureters
        3. Bladder
        4. Urethra
    B. Functions
        1. Produces urine
        2. Removes wastes from blood stream
        3. Maintains homeostasis (stability)

IX. Reproductive System (HO 1)
    A. Structures
        1. Male
            a. Testes (gonads)
            b. Prostate
            c. Penis
            d. Urethra
            e. Ducts

2. Female

    a. Ovaries (gonads)

    b. Fallopian tubes

    c. Uterus

    d. Vagina

B. Function - reproduces another being like itself

X. Endocrine System (HO 1)

A. Structures

1. Pituitary

2. Thyroid

3. Thymus

4. Parathyroid

5. Adrenal

6. Pancreas

7. Gonads

B. Functions

1. Secretes hormones to regulate body processes of growth and development

2. Regulates body functions

3. Regulates metabolism

4. Regulates reproduction

XI. Skin System (HO 1)

A. Structures

1. Skin

2. Nails

3. Hair

4. Sebaceous glands (oil-producing glands)

5. Sudoriferous glands (sweat-producing glands)

        6. Ceruminous glands (ear wax)

    B. Functions

        1. Protection

        2. Regulates temperature

        3. Excretes wastes

        4. Manufactures vitamin D

        5. Makes human appearance presentable

XII. Lymphatic System (HO 1)

    A. Structures

        1. Lymph

        2. Lymph nodes

        3. Tonsils

        4. Thymus

        5. Spleen

    B. Functions

        1. Produces antibodies (II-4)

        2. Manufactures lymphocytes (white blood cells)

        3. Filters impurities

XIII. Summary and Conclusion

    A. Skeletal system

    B. Muscular system

    C. Nervous system

    D. Sensory system

    E. Cardiovascular system

    F. Respiratory system

    G. Digestive system

    H. Urinary system

I. Reproductive system

J. Endocrine system

K. Skin system

L. Lymphatic system

We have examined the twelve body systems, their structures, and functions. In the following units, you will learn more about the structure and function of each system.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT V : RECOGNIZING CONCEPTS OF THE BODY AS A WHOLE

INTERACTION ITEMS:

1. What are the components of the skeletal system?
2. Where are some other involuntary muscles located?
3. How does the digestive system prepare food for the body's use?
4. What are antibodies?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Examine anatomical models and charts.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT V : RECOGNIZING CONCEPTS OF THE BODY AS A WHOLE

EVALUATION ITEMS:

1. Match body system to body function.

____ a. Vision, hearing, and balance

____ b. Gives body support

____ c. Controls and coordinates body activities

____ d. Prepares food for use and excretes waste

____ e. Provides oxygen for cells

____ f. Carries nutrients and oxygen to cells

____ g. Produces urine

____ h. Manufactures vitamin D

____ i. Regulates metabolism

____ j. Creates a new being

____ k. Filters body impurities

____ l. Gives body movement

1. Cardiovascular
2. Digestive
3. Endocrine
4. Skin
5. Lymphatic
6. Skeletal
7. Nervous
8. Reproductive
9. Respiratory
10. Sensory
11. Urinary
12. Muscular

2. Name two structures within each body system.

a. Skeletal system

1.

2.

b. Muscular system

1.

2.

c. Nervous system
   1.
   2.

d. Sensory system
   1.
   2.

e. Cardiovascular system
   1.
   2.

f. Respiratory system
   1.
   2.

g. Digestive system
   1.
   2.

h. Urinary system
   1.
   2.

i. Male reproductive system
   1.
   2.

j. Female reproductive system
   1.
   2.

k. Endocrine system
   1.
   2.

l. Skin system

    1.

    2.

m. Lymphatic system

    1.

    2.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT V : RECOGNIZING CONCEPTS OF THE BODY AS A WHOLE

ANSWERS TO EVALUATION ITEMS:

1. a. 10
   b. 6
   c. 7
   d. 2
   e. 9
   f. 1
   g. 11
   h. 4
   i. 3
   j. 8
   k. 5
   l. 12

2. a. Skeletal
      1. Bones
      2. Joints
   b. Muscular - the student may list any two of the following:
      1. Voluntary muscles
      2. Involuntary muscles
      3. Cardiac muscle
   c. Nervous - the student may list any two of the following:
      1. Brain
      2. Spinal cord
      3. Spinal nerve
      4. Cranial nerves
   d. Sensory - the student may list any two of the following:
      1. Eye
      2. Ear
      3. Nose
      4. Mouth and throat
      5. Skin (skin system)
   e. Cardiovascular - the student may list any two of the following:
      1. Heart
      2. Blood vessels
      3. Blood
   f. Respiratory - the student may list any two of the following:
      1. Nose
      2. Lungs
      3. Pharynx
      4. Larynx
      5. Trachea
      6. Lungs
      7. Bronchi
      8. Bronchioles
      9. Alveoli

g. Digestive - the student may list any two of the following:
   1. Mouth
   2. Esophagus
   3. Stomach
   4. Liver
   5. Gallbladder
   6. Small intestines
   7. Large intestines

h. Urinary - the student may list any two of the following:
   1. Kidneys
   2. Ureters
   3. Bladder
   4. Urethra

i. Male reproductive - the student may list any two of the following:
   1. Testes (gonads)
   2. Prostate
   3. Penis
   4. Urethra
   5. Ducts

j. Female reproductive - the student may list any two of the following:
   1. Ovaries (gonads)
   2. Fallopian tubes
   3. Uterus
   4. Vagina

k. Endocrine - the student may list any two of the following:
   1. Pituitary
   2. Thyroid
   3. Thymus
   4. Parathyroid
   5. Adrenal
   6. Pancreas
   7. Gonads

l. Skin - the student may list any two of the following:
   1. Skin
   2. Nails
   3. Hair
   4. Sebaceous glands
   5. Sudoriferous glands

m. Lymphatic - the student may list any two of the following:
   1. Lymph
   2. Lymph nodes
   3. Tonsils
   4. Thymus
   5. Spleen

The Twelve Body Systems

SKELETAL SYSTEM

Structure
- Bones
- Joints

Function
- Support
- Protection
- Leverage
- Production of blood cells
- Stores Calcium

MUSCULAR SYSTEM

Structure
- Voluntary muscles
- Involuntary muscles
- Cardiac muscles

Function
- Movement
- Heat production
- Posture
- Protection

NERVOUS SYSTEM

Structure
- Central nervous system - brain, spinal cord
- Peripheral nervous system - spinal nerve, cranial nerves

Function
- Controls body activities
- Coordinates body activities

SENSORY SYSTEM

Structure
- Eyes
- Ears
- Nose
- Mouth and throat
- Skin (skin system)

Function
- Vision
- Hearing
- Balance
- Smell
- Taste
- Touch

CARDIOVASCULAR SYSTEM

Structure
- Heart
- Blood vessels
- Blood

Function
- Carries nutrients and oxygen to cells via blood cells
- Removes waste from cells

RESPIRATORY SYSTEM

Structure
- Nose
- Mouth
- Pharynx
- Larynx
- Trachea
- Lungs
- Bronchi
- Bronchioles
- Alveoli

Function
- Provides oxygen to cells
- Removes wastes in form of carbon dioxide

DIGESTIVE SYSTEM

Structure
- Mouth
- Esophagus
- Stomach
- Liver

Continued

- Gallbladder
- Small intestines
- Large intestines

Function

- Ingests food
- Prepares food use by the body
- Excretes wastes

URINARY SYSTEM

Structure

- Kidneys
- Ureters
- Bladder
- Urethra

Function

- Produces urine
- Removes wastes from blood stream
- Maintains homeostasis stability

REPRODUCTIVE SYSTEM

Structure

- Male - testes, prostrate, penis, urethra, ducts
- Female - ovaries, fallopian tubes, uterus, vagina

Function

- Reproduces offspring

ENDOCRINE SYSTEM

Structure

- Pituitary
- Thyroid
- Thymus
- Parathyroid
- Adrenal
- Pancreas
- Gonads (testes, ovaries)

Function

- Secretes hormones to regulate body processes of growth and development
- Regulates body functions
- Regulates metabolism
- Regulates reproduction

SKIN SYSTEM

Structure

- Skin
- Nails
- Hair
- Sebaceous (oil-producing) glands
- Sudoriferous (sweat-producing) glands

Function

- Protection
- Regulates temperature
- Excretes wastes
- Manufactures vitamin D
- Makes human appearance presentable

LYMPHATIC SYSTEM

Structure

- Lymph
- Lymph nodes
- Tonsils
- Thymus
- Spleen

Function

- Produces antibodies
- Manufactures lymphocytes (white blood cells)
- Filters impurities

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VI : RECOGNIZING CONCEPTS OF THE SKELETAL SYSTEM

SCOPE OF UNIT:

The unit discusses the structure and function of the skeletal system, the joints, and their movements. Medical terminology associated with the skeletal system is also included.

INFORMATION TOPIC: VI-1 OR DEMONSTRATION:

SKELETAL SYSTEM
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. List the functions of the skeletal system.
2. List the composition of bone.
3. Name the four types of bones and give one example of each.
4. Label a diagram of the structure of long bones and their linings.
5. Recall two types of bone markings.
6. Name the divisions of the skeleton and the number of bones in each.
7. List the types of joints and give examples of each.
8. Identify the types of joint movements by matching movement with picture examples.
9. Explain the difference between ligament and cartilage.
10. Identify the location of selected bones of the body by labeling a diagram of the skeleton.

*11. Define medical terms pertaining to the skeletal system.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Long Bone Structure
2. HO 2: Vertebrae
3. HO 3: Frontal View of Skeleton
4. HO 4: Posterior View of Skeleton
5. HO 5: Types of Joints
6. HO 6: Normal Range of Movements
7. HO 7: Skeletal Parts
* 8. HO 8: Skeletal System Medical Terms and Definitions
9. Anatomical model
10. Wall charts
11. State Fair Community College Media Center
    a. Slide/tape #530: "An Introduction to the Skeletal System"
    b. Slide/tape #531: "Organization of the Axial Skeleton"
    c. Slide/tape #532: "The Appendicular Skeleton - The Pectoral Girdle"
    d. Slide/tape #533: "The Appendicular Skeleton - The Pelvic Girdle"

*This objective and HO 8 are optional. The use of this material is left to the instructor's discretion.

INFORMATIONAL ASSIGNMENT: (Student)

Rosdahl, Caroline Bunker. Basic Nursing. 4th ed. Philadelphia: J.B. Lippincott, 1985.

Schneidman, Rose and Susan Lambert. Being A Nursing Assistant. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986.

Thomas, Virginia. Life Sciences for Nursing and Health Technologies. 4th ed. Huntington Beach, CA: Technicourse, Inc., 1982.

REFERENCES: (Instructor's Additional Information)

Schwartz, Estelle and Lillian Potter. Foundations of Patient Care. Philadelphia: J.B. Lippincott Co., 1981.

Memmler, Ruth L.and Dena L. Wood. Structure and Function of the Human Body. Philadelphia: J.B. Lippincott Co., 1977.

Thomas, Virginia. Life Sciences for Nursing and Health Technologies. 4th ed. Huntington Beach, CA: Technicourse, Inc., 1982.

INTRODUCTION:

The skeletal system consists of 206 bones. This system forms the framework of the body, just as a building is supported by a wood or metal structure.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VI : RECOGNIZING CONCEPTS OF THE SKELETAL SYSTEM

OUTLINE: (Key Points)

- I. Functions of the Skeletal System (II-1)
  - A. Support
  - B. Protection
  - C. Anchor for skeletal muscles
  - D. Produce blood cells
  - E. Store calcium
- II. Composition of Bone (II-2)
  - A. Inorganic salts (calcium)
  - B. Water
  - C. Organic material (bone cells, blood vessels etc.)
- III. Types of Bones (II-3)
  - A. Long - femur
  - B. Short - phalanges
  - C. Flat - skull
  - D. Irregular - vertebrae
- IV. Structure of Long Bone (HO 1)
  - A. Types of bone according to composition
    - 1. Compact
    - 2. Cancellous
  - B. Diaphysis - bone shaft
  - C. Epiphysis - an end of a long bone
  - D. Layers (II-4)
    - 1. Periosteum

a. Outside layer of bone

b. Forms new bone tissue

2. Endosteum - lining of marrow cavity

V. Bone Markings - landmarks on bones

A. Depressions or openings

B. Projections or processes

VI. Divisions of the Skeletal System (II-5)

A. Axial skeleton - 80 bones

1. Skull - 29 bones

a. Cranial bones

b. Facial bones

c. Ear bones

2. Vertebral column - 26 bones (HO 2)

a. Cervical - 7

b. Thoracic - 12

c. Lumbar - 5

d. Sacral - 1

e. Coccyx - 1

3. Ribs and sternum - 25 bones

a. True ribs

b. False ribs

c. Sternum

B. Appendicular skeleton - 126 bones (HO 3, HO 4)

1. Upper extremities - 64 bones

a. Clavicle

b. Scapula

c. Humerus

d. Ulna

e. Radius

f. Carpus

g. Metacarpals

h. Phalanges

2. Lower extremities

a. Pelvic bone

b. Femur

c. Patella

d. Tibia

e. Fibula

f. Tarsals

g. Metatarsals

h. Phalanges

VII. Types of Joints (HO 5) (II-6)

A. Synarthroses - immovable joints with no joint cavities

B. Amphiarthrosis - slightly moveable joints

C. Diarthroses - freely moveable joints

1. Ball and socket - hip (II-7)

2. Hinge - knee

3. Pivot - wrist

VIII. Types of Movement of Joints (HO 6)

A. Flexion - bending movement in which angle between two adjoining bones is decreased

B. Extension - straightening a joint to a vertical position

C. Abduction - movement away from midline

D. Adduction - movement toward the midline

E. Rotation - twisting or pivoting bone around a central axis without a change in position of bone

F. Supination - position of bones in forearm in anatomic position

G. Pronation - position of the bones in forearm with the back of hand turned forward

IX. Ligaments and Cartilage

A. Ligaments - strong bands of connective tissue that hold bone to bone

B. Cartilage - white, fibrous connective tissue attached to ends of bones to prevent friction

X. Parts of the Skeleton (HO 7)

A. Occipital

B. Maxilla

C. Pelvis

D. Phalanges

E. Metatarsals

F. Tarsals

G. Fibula

H. Tibia

I. Patella

J. Femur

K. Phalanges

L. Metacarpals

M. Carpus

N. Ulna

O. Radius

P. Ribs

Q. Humerus

R. Sternum

S. Scapula

- T. Clavicle
- U. Frontal
- V. Mandible
- W. Parietal

XI. Summary and Conclusion

- A. Functions of the skeletal system
- B. Composition of bone
- C. Types of bones
- D. Structure of the long bone
- E. Bone markings
- F. Divisions of the skeletal system
- G. Types of joints
- H. Types of movement of joints
- I. Ligaments and cartilage
- J. Parts of the skeleton

In the next lesson you will learn about the muscular system, which includes the types of muscle cells and muscle parts. Please review the handouts in your lesson.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VI : RECOGNIZING CONCEPTS OF THE SKELETAL SYSTEM

INTERACTION ITEMS: (Review Items)

1. What are the functions of the skeletal system?
2. What is bone composed of?
3. What are some examples of the five types of bone?
4. What is the difference between periosteum and endosteum?
5. What are the divisions of the skeletal system?
6. What is a joint?
7. What are some examples of diarthroses?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. View slide-tape series.
2. Identify the major bones on anatomical model or wall chart.
3. Obtain a long bone from meat market - have them cut it lengthwise. Identify parts.
4. Label drawings of skeleton.
5. Examine bones on skeleton and identify types of bones and bone markings.
6. Have class demonstrate the joint movements.
7. Bring a chicken leg or wing to class for demonstration and discussion of joint, and attachments of ligaments.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VI : RECOGNIZING CONCEPTS OF THE SKELETAL SYSTEM

EVALUATION ITEMS:

1. List the five functions of the skeletal system.

   a.

   b.

   c.

   d.

   e.

2. List the composition of bone.

   a.

   b.

   c.

3. Name the four types of bone and give an example of each.

   a.

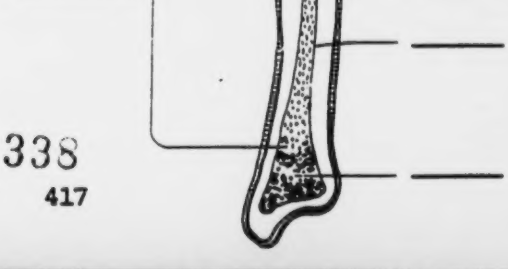
   b.

   c.

   d.

4. Label the diagram of the long bone by writing the letter of the correct term in the blank.

   a. Epiphysis
   b. Bone marrow cavity
   c. Periosteum
   d. Diaphysis
   e. Endosteum
   f. Compact bone
   g. Cancellous bone



5. Bones have markings which are used as reference points. These are called:

   a.

   b.

6. The two major divisions of the skeletal system are:

   a.

   b.

7. The skeletal system consists of ________ bones.

8. The vertebral column consists of 26 bones. Name the divisions and the number in each.

   a.

   b.

   c.

   d.

   e.

9. The three types of joints are:

   a.

   b.

   c.

10. a. An example of a hinge joint is ________________.

    b. An example of a ball and socket is ________________.

    c. An example of a pivot joint is ________________.

11. Match the terms describing joint movements with picture examples:

___ a. Flexion

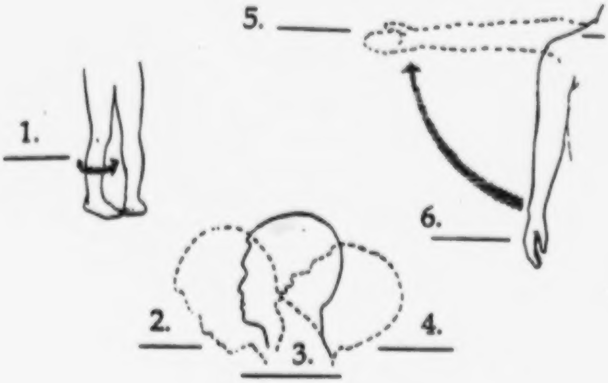
___ b. Extension

___ c. Abduction

___ d. Rotation

___ e. Adduction

___ f. Hyperextension



12. Explain the difference between ligaments and cartilage.

13. Label the correct parts of the skeleton by placing the corresponding letter next to the line identifying the skeleton part.

____ 1. Occipital

____ 2. Metatarsals

____ 3. Patella

____ 4. Ulna

____ 5. Clavicle

____ 6. Parietal

____ 7. Maxilla

____ 8. Tarsals

____ 9. Tibia

____10. Ribs

____11. Mandible

____12. Pelvis

____13. Fibula

____14. Phalanges

____15. Sternum

____16. Phalanges

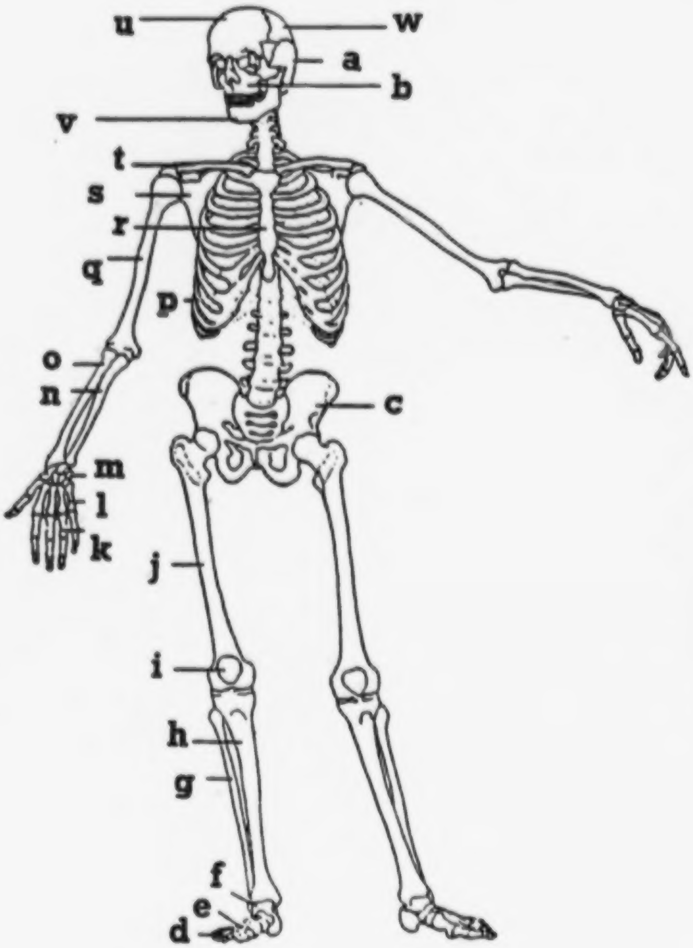
____17. Femur

____18. Carpals

____19. Radius

____20. Humerus

____21. Metacarpals



LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VI : RECOGNIZING CONCEPTS OF THE SKELETAL SYSTEM

ANSWERS TO EVALUATION ITEMS:

1. a. Support
   b. Protection
   c. Anchor for skeletal muscles
   d. Produce blood cells
   e. Store calcium

2. a. Inorganic salts (calcium)
   b. Water
   c. Organic material (bone cells, etc.)

3. a. Long - femur
   b. Short - phalanges
   c. Flat - skull
   d. Irregular - vertebrae

4. Clockwise: f, b, c, e, g, d, a

5. a. Depressions or openings
   b. Projections or processes

6. a. Axial
   b. Appendicular

7. 206

8. a. Cervical - 7
   b. Thoracic - 12
   c. Lumbar - 5
   d. Sacral - 1
   e. Coccyx - 1

9. a. Synarthroses
   b. Amphiarthroses
   c. Diarthroses

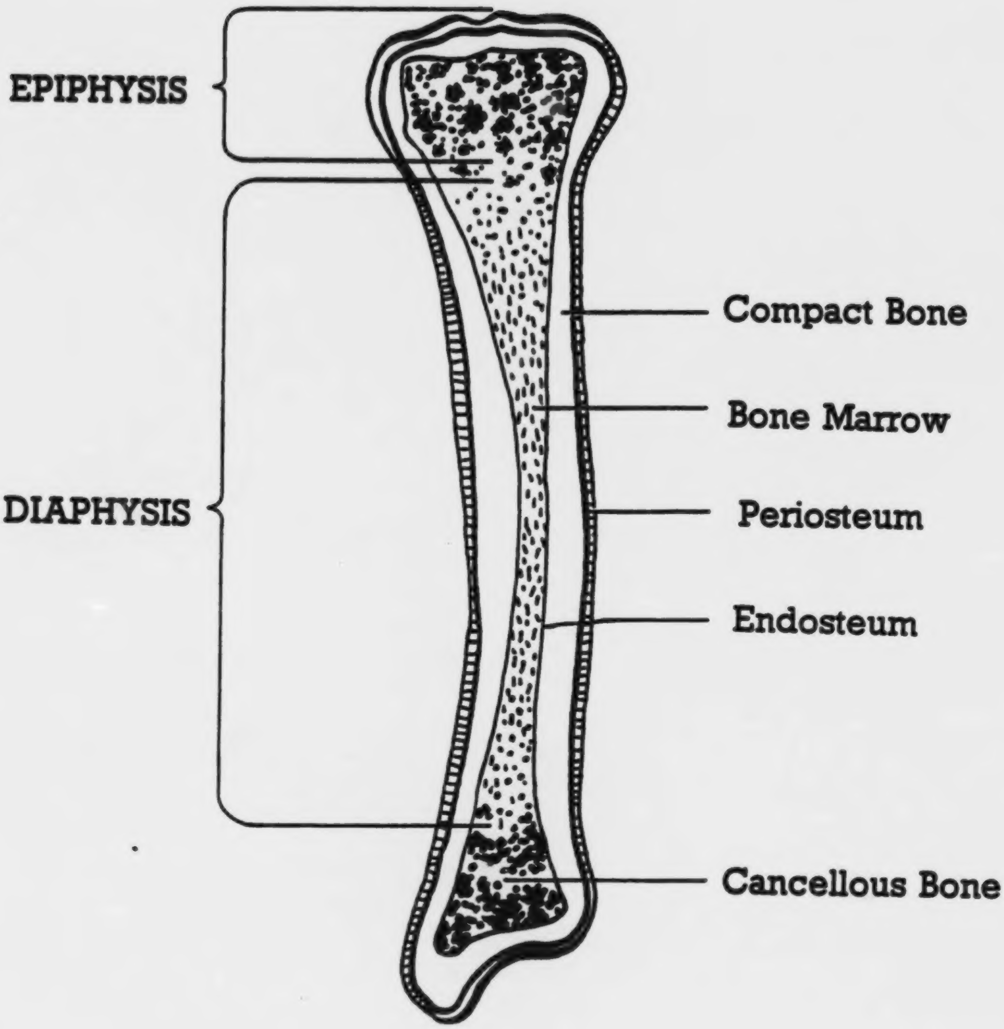
10. Knee; hip; wrist

11. a. 2
    b. 3
    c. 5
    d. 1
    e. 6
    f. 4

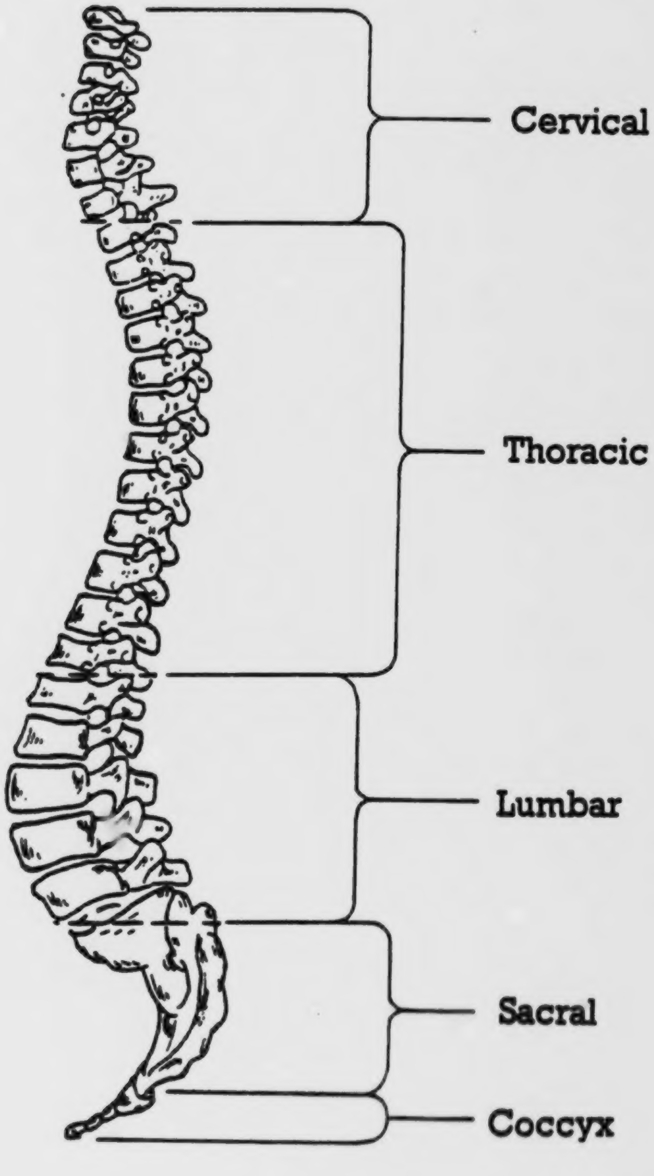
12. Ligament is strong connective tissue that holds bone to bone; cartilage is fibrous connective tissue attached to ends of bones to prevent friction.

13. 1. a
    2. e
    3. i
    4. n
    5. t
    6. w
    7. b
    8. f
    9. h
    10. p
    11. v
    12. c
    13. g
    14. k
    15. r
    16. d
    17. j
    18. m
    19. o
    20. q
    21. l
    22. u
    23. s

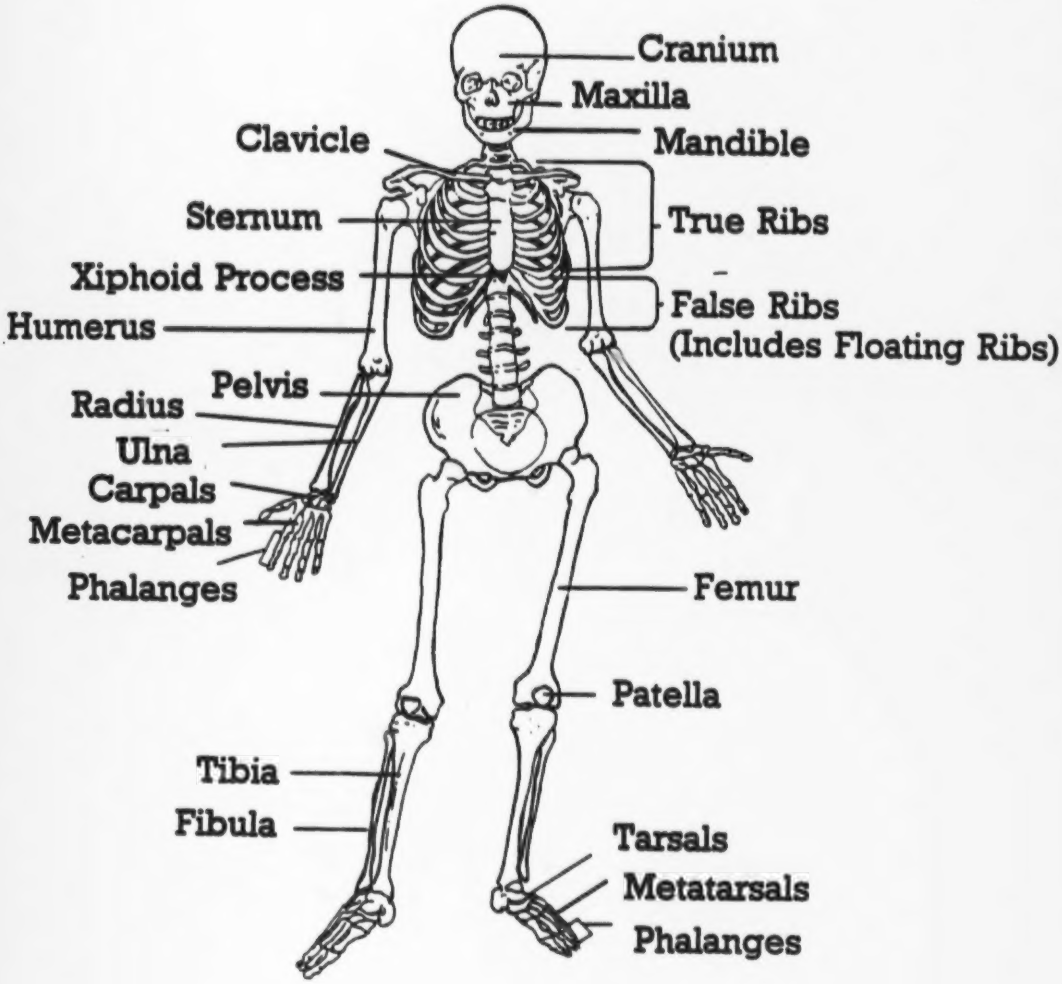
Long Bone Structure


EPIPHYSIS
DIAPHYSIS
Compact Bone
Bone Marrow
Periosteum
Endosteum
Cancellous Bone

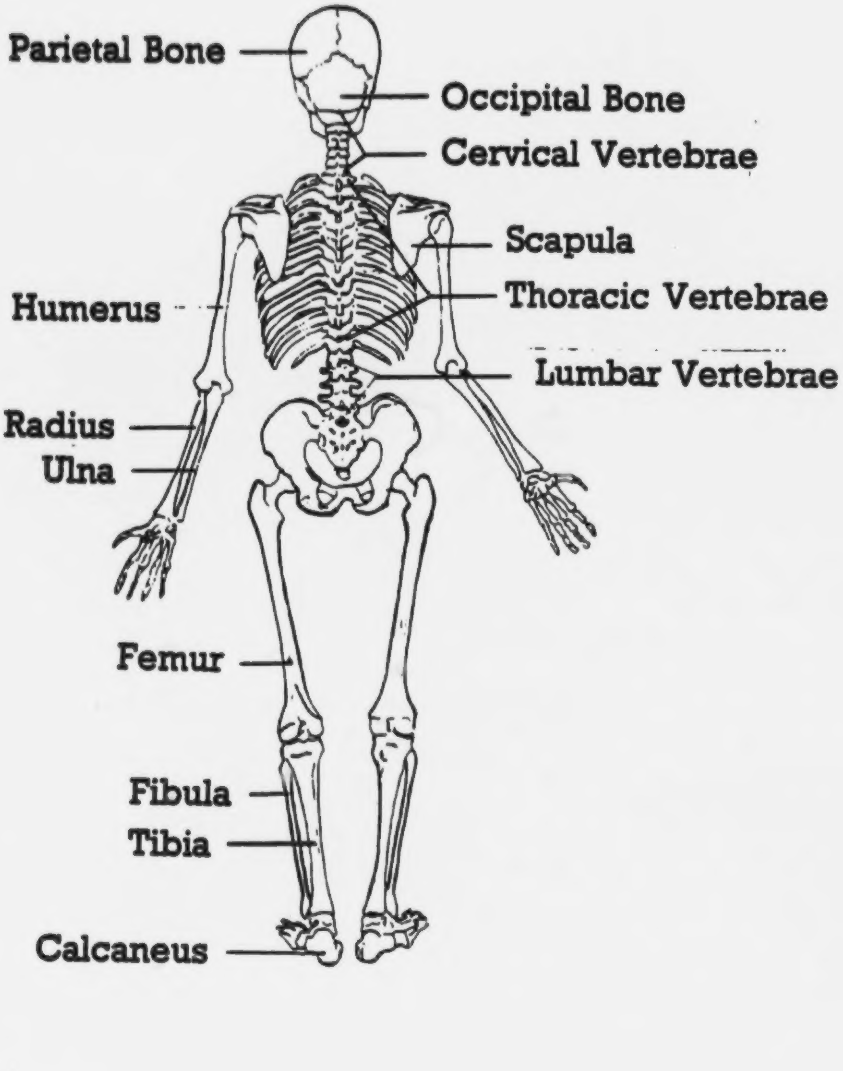
Vertebrae


Cervical
Thoracic
Lumbar
Sacral
Coccyx

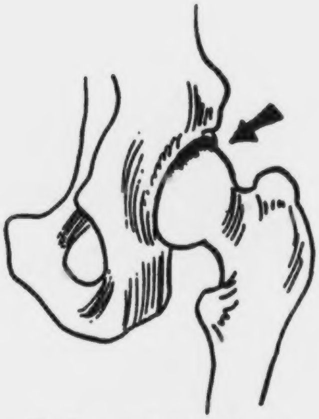
Frontal View of Skeleton


Cranium
Maxilla
Mandible
Clavicle
Sternum
True Ribs
Xiphoid Process
False Ribs
(Includes Floating Ribs)
Humerus
Pelvis
Radius
Ulna
Carpals
Metacarpals
Phalanges
Femur
Patella
Tibia
Fibula
Tarsals
Metatarsals
Phalanges

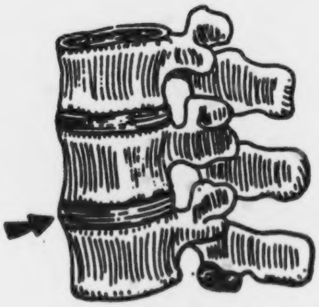
Posterior View of Skeleton


Parietal Bone
Occipital Bone
Cervical Vertebrae
Scapula
Humerus
Thoracic Vertebrae
Lumbar Vertebrae
Radius
Ulna
Femur
Fibula
Tibia
Calcaneus

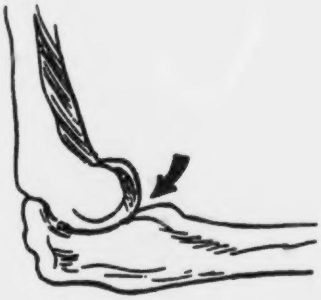
Types of Joints



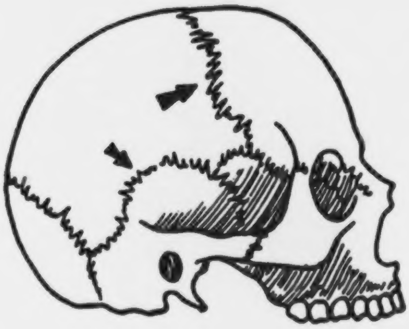
Ball and Socket



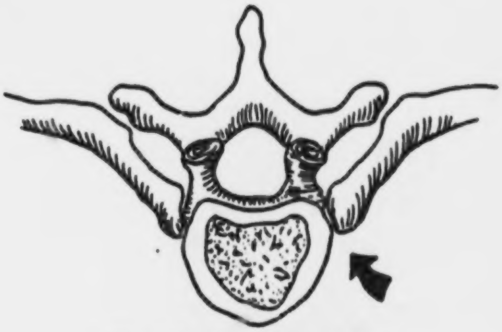
Gliding



Hinge

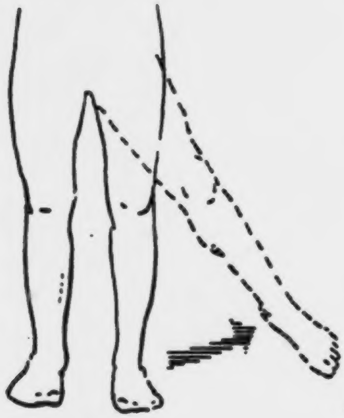


Immovable



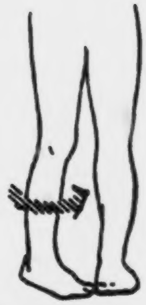
Partially Movable

Normal Range of Movements

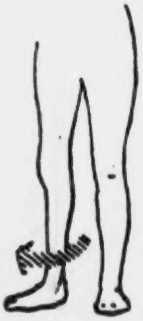


Adduction

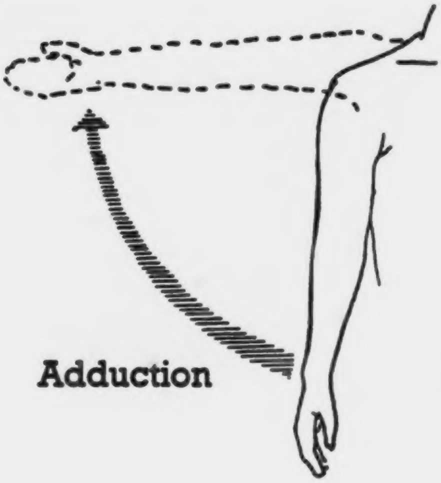
Abduction



Inward Rotation

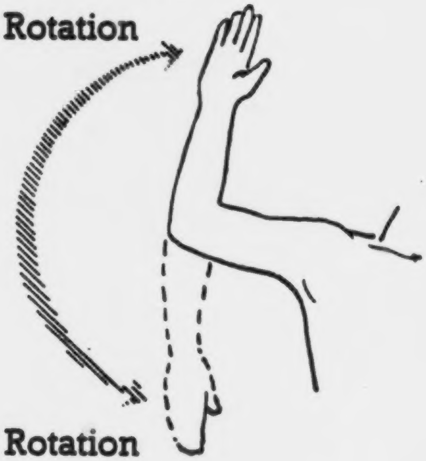


Outward Rotation



Abduction

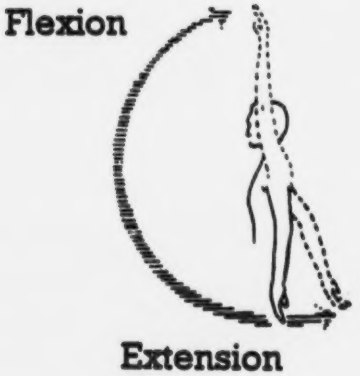
Adduction

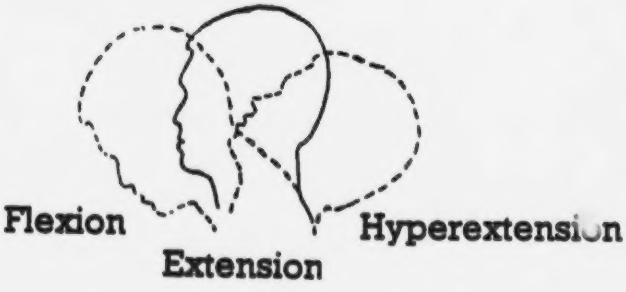


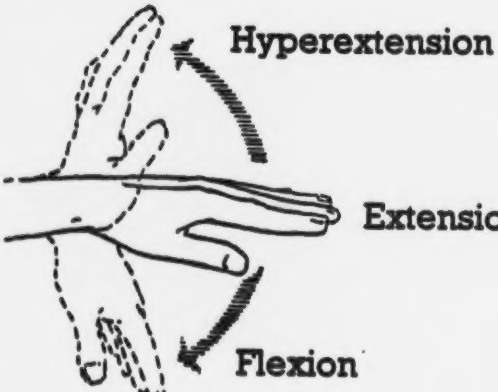
Outward Rotation

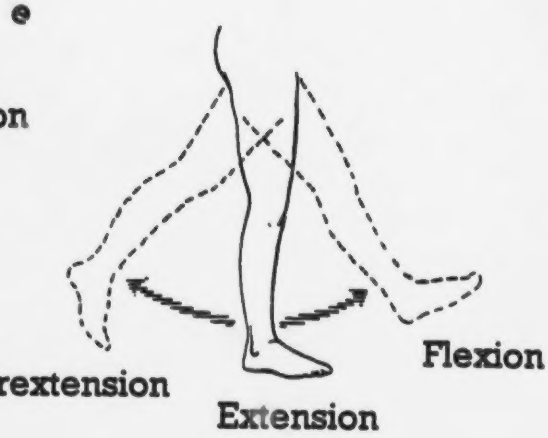
Inward Rotation

Normal Range of Movements

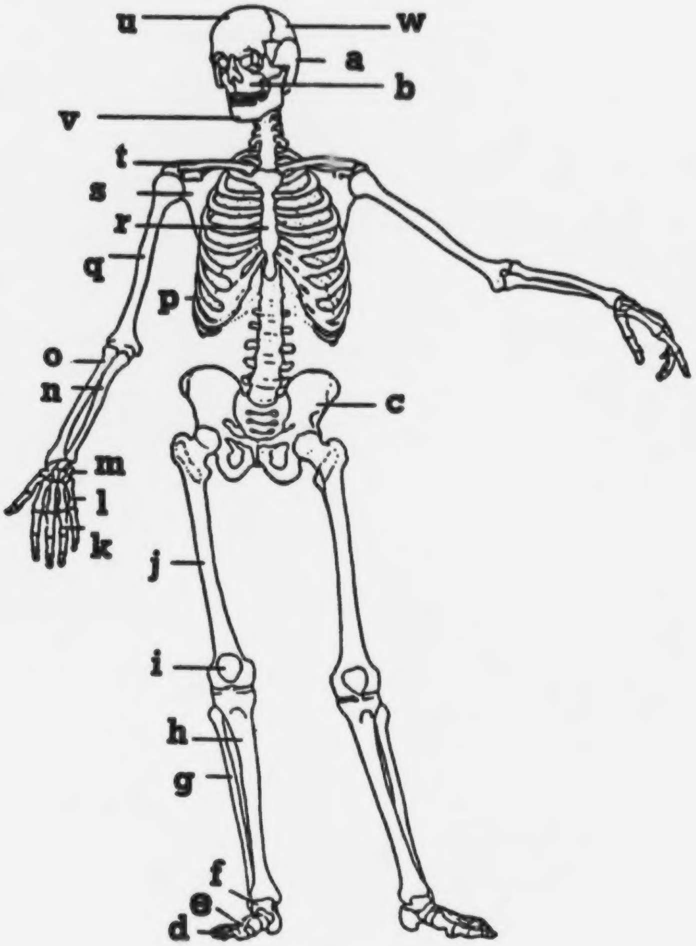

Flexion
Hyperextension
Extension


Flexion
Extension
Hyperextension


Hyperextension
Extension
Flexion


Hyperextension
Extension
Flexion

Skeletal Parts



a. Occipital
b. Maxilla
c. Pelvis
d. Phalanges
e. Metatarsals
f. Tarsals
g. Fibula
h. Tibia

i. Patella
j. Femur
k. Phalanges
l. Metacarpals
m. Carpals
n. Ulna
o. Radius
p. Ribs

q. Humerus
r. Sternum
s. Scapula
t. Clavicle
u. Frontal
v. Mandible
w. Parietal

HD 8

Skeletal System Medical Terms and Definitions

Arthralgia (ar-thral'je-ah) - pain in a joint

Arthritis (ar-thri'tis) - inflammation of a joint

Arthrodesis (ar'thro-de'sis) - surgical fusion of a joint

Arthrosynovitis (ar'thro-sin-'o-vi'tis) - inflammation of the synovial membrane of a joint

Cheirarthritis (ki'rar-thri'tis) - inflammation of the joints of the hands

Cheirobrachialgia (ki'ro-bra'ke-al'je-ah) - painful condition of the hand and arm

Cheiromegaly (ki-ro-meg'ah-le) - enlargement of the hands

Cheirospasm (ki'ro-spazm) - contraction of the hand

Chiroplasty (ki'ro-plas'te) - plastic surgery on the hand

Chondritis (kon-dri'tis) - inflammation of cartilage

Chondrodysplasia (kon'dro-dis-pla'se-ah) - abnormal formation of cartilage

Chondrolysis (kon-drol'i-sis) - degeneration of cartilage

Chondroma (kon-dro'mah) - a tumor-like growth of cartilage cells

Chondropathy (kon-drop'ah-the) - a disease of cartilage

Iliac (il'e-ak) - pertaining to the ilium

Iliolumbar (il'e-o-lum'ber) - pertaining to the lumbar and the iliac region

Iliopelvic (il'e-o-pel'vik) - pertaining to the pelvis and ilium

Iliosacral (il'e-o-sa'dral) - pertaining to the ilium and the sacrum

Iliocostal (il'e-o-kos'tal) - pertaining to the ribs and ilium

Osteitis (os'te-i'tis) - inflammation of a bone

Osteoclasis (os-te-ok'lah-sis) - surgical fracture or refracture of a bone

Osteofibroma (os'te-o-fi-bro'mah) - tumor composed of osseous or fibrous material

Osteogenesis (os'te-o-jen'e-sis) - producing bone

Osteomalacia (os-te-o-mah-la'she-ah) - softening of the bone

Syndesmorrhaphy (sin'des-mor-ah-fe) - suture or repair of ligaments

Spondylalgia (spond'di-lal'je-ah) - pain in a vertebra

Spondylitis (spon'di-li'tis) - inflammation of a vertebra

Spondylolisthesis (spon'di-lo-lis'the-sis) - slipping of one vertebra over another

Spondylotherapy (spon'di-lo-ther'ah-pe) - treatment applied to the spinal region

Syndesmoma (sin'des-mo'mah) - a connective tissue (ligament) tumor

Syndesmopexy (sin-des'mo-pek'se) - operative fixation of a dislocation using the joint ligaments

Syndesmoplasty (sin'des-mo-plas'te) - plastic surgery on a ligament

Syndesmotomy (sin'des-mot'o-me) - the cutting of a ligament

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

SCOPE OF UNIT:

This unit discusses the structure and function of the muscular system. Medical terms and definitions pertaining to the muscular system are included. Use of appropriate body mechanics is stressed. Positioning of residents, assisting in ambulation, ROM exercises, transfer techniques, and transporting a patient in a wheelchair are procedures presented in this unit.

INFORMATION TOPIC: VII-1 OR DEMONSTRATION:

MUSCULAR SYSTEM
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Name the types of muscles and give an example of each.
2. Name and describe the parts of a muscle.
3. List four functions of skeletal muscles.
4. Recall how muscles are attached.
5. Identify the major classes of muscles.
6. Match the major muscles with their function in the muscular system.

*7. Identify and define medical terms pertaining to the muscular system.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Types of Muscle Cells
2. HO 2: Muscle Parts
3. HO 3: Muscles

*4. HO 4: Muscular System Medical Terms and Definitions

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5. State Fair Community College Media Center slide/tape #540: "Introduction to Muscle Types, Patterns, Actions"

6. Anatomical model

*This objective and HO 4 are optional. The use of this material is left to the instructor's discretion.

INFORMATIONAL ASSIGNMENT: (Student)

Rosdahl, Caroline Bunker. Basic Nursing. 4th ed. Philadelphia: J.B. Lippincott, 1985.

Schneidman, Rose and Susan Lambert. Being A Nursing Assistant. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986.

Thomas, Virginia. Life Sciences for Nursing and Health Technologies. 4th ed. Huntington Beach, CA: Technicourse, Inc., 1982.

REFERENCES: (Instructor's Additional Information)

Atlas of Human Anatomy. 6th ed. New York: Barnes and Noble, 1961.

Memmler, Ruth L. and Dena L. Wood. Structure and Function of the Human Body. Philadelphia: J.B. Lippincott Co., 1977.

Schwartz, Estelle and Lillian Potter. Foundations of Patient Care. Philadelphia: J.B. Lippincott Co., 1981.

Thomas, Virginia. Life Sciences for Nursing and Health Technologies. 4th ed. Huntington Beach, CA: Technicourse, Inc., 1982.

INTRODUCTION:

The study of muscles is called myology. The muscular system includes over 600 pairs of muscles in the body. They make up over 40% of our body weight.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

OUTLINE: (Key Points)

I. Types of Muscles (HO 1) (II-1)
   A. Smooth muscles - involuntary; visceral
      1. Propel materials through passageways of body (food in intestinal tract)
      2. Constrict or dilate openings (pupils of eye)
      3. Contract or expand the width of tubes (veins and arteries)
      4. Expel materials from body (bile from gallbladder)
   B. Cardiac muscle
      1. Forms the wall of the heart
      2. Acts involuntarily (contracts to circulate blood)
   C. Skeletal muscle - voluntary; striated;
      1. About 40% of body weight
      2. Structure
         a. Bundle of muscle tissue surrounded by connective tissue
         b. Acts on nerve impulses

II. Parts of Skeletal Muscle (HO 2) (II-2)
   A. Origin - less movable end
   B. Body or belly - main part; fleshy
   C. Insertion - more movable end

III. Functions of Skeletal Muscle
   A. Movement - locomotion
   B. Heat production
   C. Protection

D. Maintain posture

IV. Muscle Attachment (II-3)

A. Connective tissue directly to bone

B. Tendon

C. Aponeurosis

V. Classes of Muscles (II-4)

A. Prime movers - produce definite motion

B. Antagonist - movement opposite prime mover

C. Synergist - aids prime mover

D. Fixator - keeps bone steady at origin while prime mover pulls away

VI. Major Muscles and Their Functions (II-5)

A. Sternocleidomastoid - flexes and rotates head

B. Biceps - flexes elbow

C. Triceps - straightens elbow

D. Deltoid - raises and lifts arm

E. Trapezius - raises shoulder and arm up and backward

F. Pectoralis major (chest muscles) - pull arm and shoulder in toward body

G. Latissimus dorsi - pulls arm down and backward and rotates the trunk of the body

H. Rectus abdominis - protects the abdominal organs and pulls body forward

I. Quadriceps femoris - pulls leg upward and forward

J. Tibialis anterior - pulls foot upward and slightly lateral

K. Gastrocnemius - extends foot and connects with Achilles tendon

L. Gluteus maximus - protects buttocks and extends thigh

M. Hamstrings - flexes lower leg and extends thigh

N. Sartorius - aids in flexing knee, longest in body

VII. Summary and Conclusion

A. Types of muscles

B. Parts of skeletal muscle

C. Functions of skeletal muscle

D. Muscle attachments

E. Classes of muscles

F. Major muscles and their functions

As you can see, without muscles we literally cannot move. In our next lesson you will study body mechanics. Look at your handout before you come to the next session.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

INTERACTION ITEMS:

1. What are three types of muscles?
2. What are the parts of a muscle?
3. How are muscles attached?
4. What are the classes of muscles?
5. What functions do muscles perform?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. View slides of muscle tissue.
2. Examine muscle tissue obtained from butcher shop.
3. Identify muscles on anatomical model and have students describe their actions.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

EVALUATION ITEMS:

1. Name the three types of muscles and give one example of each.

   a.

   b.

   c.

2. Name and briefly describe the parts of a muscle.

3. The four functions of the skeletal muscles are:

   a.

   b.

   c.

   d.

4. Muscles are attached to bone or other muscles by aponeurosis, ________, and ________ ________ .

5. The main classes of muscles are antagonist, synergists, ________, and ________ ________.

6. Match the major muscles with their functions.

____ a. Latissimus dorsi

____ b. Triceps

____ c. Hamstrings

____ d. Gastrocnemius

____ e. Pectoralis major

____ f. Deltoid

____ g. Gluteus maximus

1. Raises and lifts arms
2. Flexes lower leg and extends thigh
3. Protects buttocks and extends thigh
4. Pulls arm down and backward and rotates the trunk of the body
5. Chest muscle - pulls arm and shoulder in toward body
6. Straightens elbow
7. Extends foot and connects with Achilles tendon

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

ANSWERS TO EVALUATION ITEMS:

1. a. Smooth - veins and arteries
   b. Cardiac - heart
   c. Skeletal - muscles of arm

2. Origin - less movable part
   Body or belly - main part
   Insertion - more movable end

3. a. Movement - locomotion
   b. Heat production
   c. Protection
   d. Maintain posture

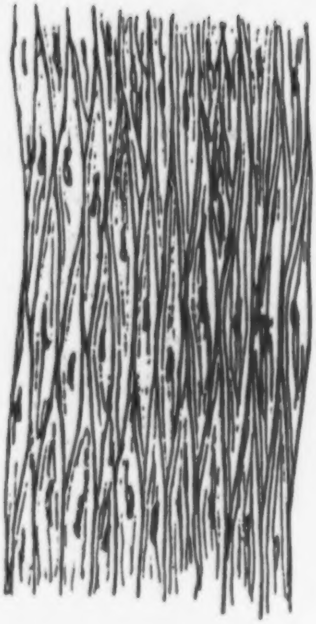
4. Tendons, connective tissue

5. Fixators, prime movers

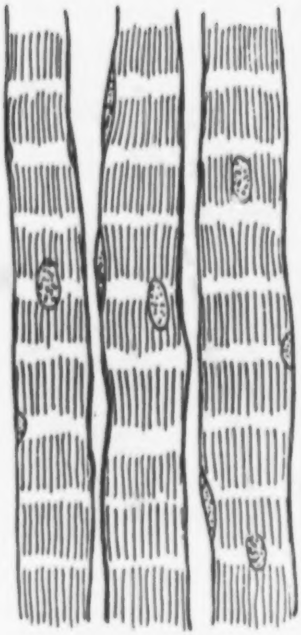
6. a. 4
   b. 6
   c. 2
   d. 7
   e. 5
   f. 1
   g. 3

HO 1

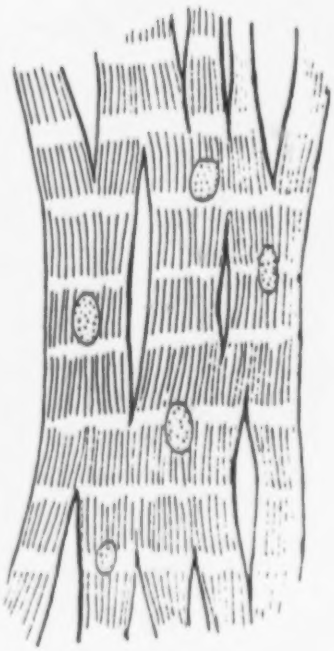
Types of Muscle Cells



Smooth

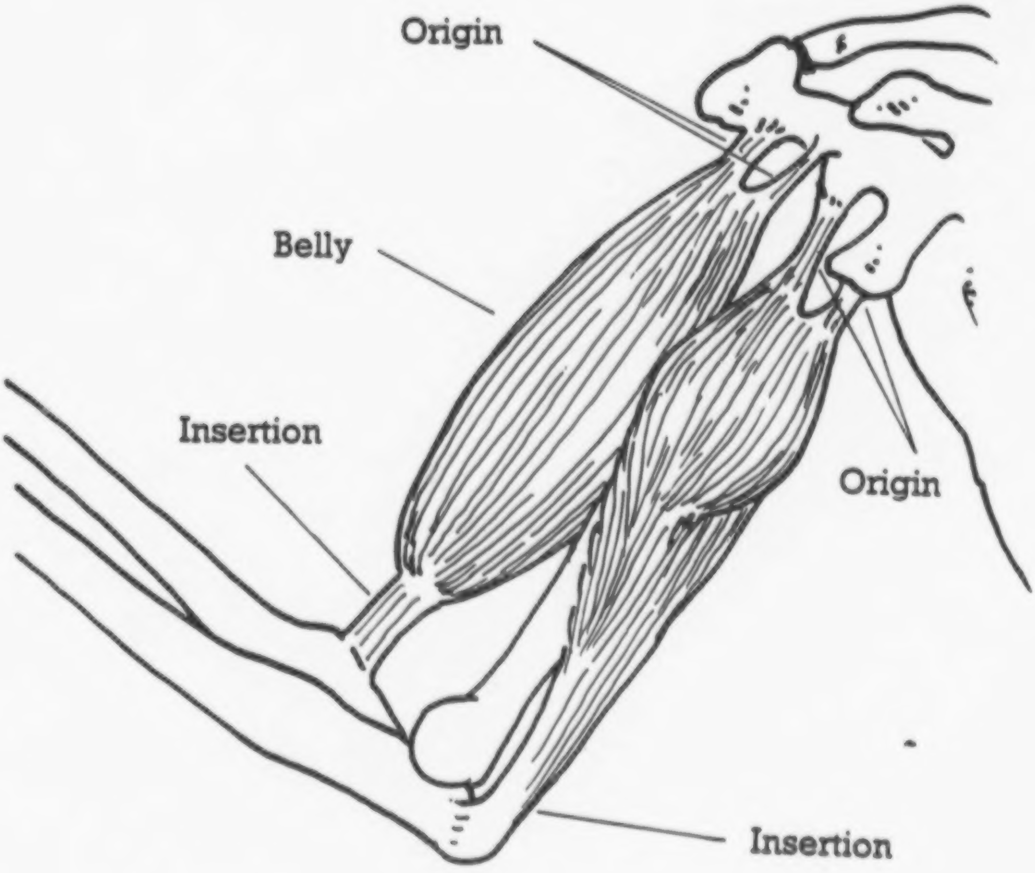


Striated



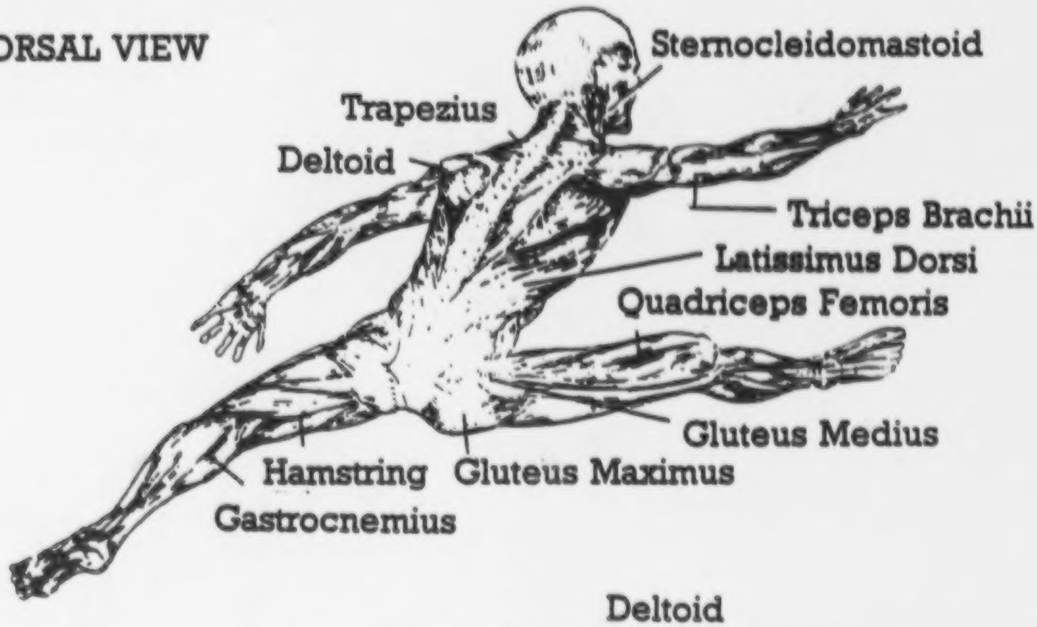
Cardiac

Muscle Parts

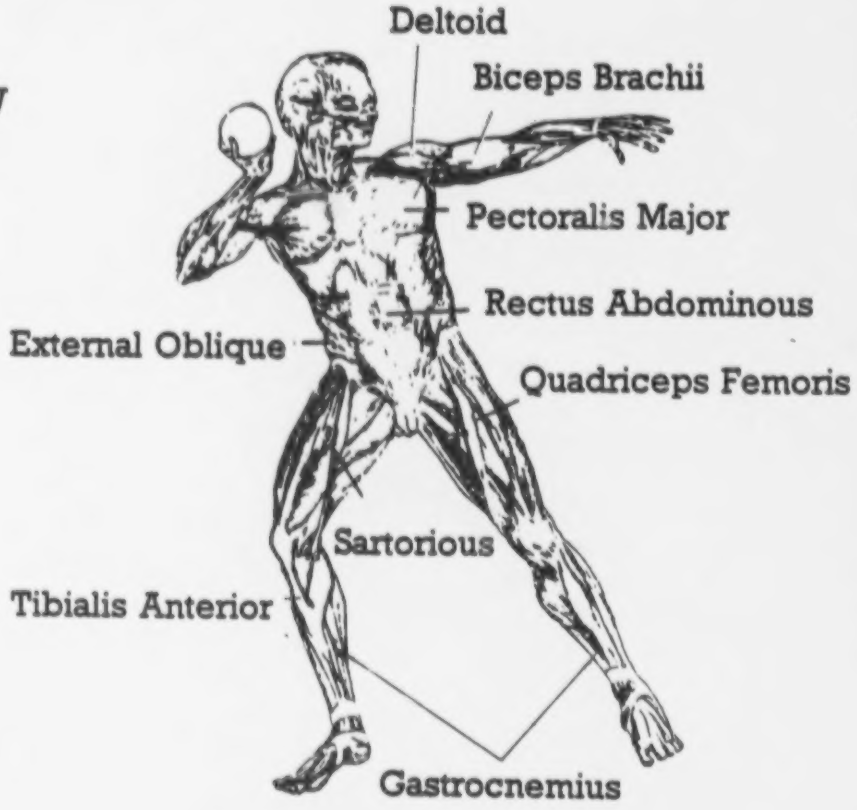

Origin
Belly
Insertion
Origin
Insertion

Muscles

DORSAL VIEW


Sternocleidomastoid
Trapezius
Deltoid
Triceps Brachii
Latissimus Dorsi
Quadriceps Femoris
Gluteus Medius
Hamstring
Gluteus Maximus
Gastrocnemius

VENTRAL VIEW


Deltoid
Biceps Brachii
Pectoralis Major
Rectus Abdominous
External Oblique
Quadriceps Femoris
Sartorious
Tibialis Anterior
Gastrocnemius

HD 4

Muscular System Medical Terms and Definitions

Kinesalgia (kin'e-sal'je-ah) - pain in motion or movement

Myalgia (mi-al'je-ah) - muscle pain

Myasthenia (mi'as-the'ne-ah) - weakness of the muscle

Myocardial (mi'o-kar'de-al) - pertaining to the muscular tissue of the heart

Myodynia (mi'o-din'e-ah) - muscle pain

Myokinesis (mi'o-ki-ne'sis) - movement of muscles

Myomalacia (mi-o-mah-la'she-ah) - softening of the muscles

Tendoplasty (ten'do-plas'te) - plastic surgery on a tendon

Tenodesis (ten-od'e-sis) - tendon fixation

Tenodynia (ten'o-din'e-ah) - pain in a tendon

Tenonectomy (ten'o-nek'to-me) - excision of part of a tendon

Tenosynovitis (ten'o-sin'o-vi'tis) - inflammation of a tendon together with its sheath

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII: RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

SCOPE OF UNIT:

This unit discusses the structure and function of the muscular system. Medical terms and definitions pertaining to the muscular system are included. Use of appropriate body mechanics is stressed. Positioning of residents, assisting in ambulation, ROM exercises, transfer techniques, and transporting a patient in a wheelchair are procedures presented in this unit.

INFORMATION TOPIC: VII-2 OR DEMONSTRATION:

BODY MECHANICS
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Define body mechanics.
2. Identify two reasons body mechanics are important.
3. Recognize key points of body mechanics.
4. Identify additional points to consider when moving a resident or object.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Key Points in Body Mechanics
2. Trainex filmstrip #316: "How to Work All Day Without Getting Hurt"

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 174-175.

REFERENCES:

Fouts, Janet and Lynn Mullen. Nursing Assistant Training Manual. Beaverton, OR: Medi Form Printers and Publishers, Inc., 1984, pp. 97-101.

McClelland, Sharon and Geraldine Kaspar. A Clinical Manual for Nursing Assistants. Monterey, CA: Wadsworth Health Sciences Division, 1985, pp. 69-71.

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 174-175.

Sorrentino, Sheila A. Mosby's Textbook for Nursing Assistants. St. Louis: The C. V. Mosby Co., 1984, pp. 138-140.

INTRODUCTION:

As a health care worker, one of your major duties will be to move residents. You must know how to do this without straining your back and causing an injury to yourself or the resident. There are ways to use your body to reduce strain and fatigue, and that is what this lesson will cover.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

OUTLINE: (Key Points)

I. Body Mechanics - using correct movement of the body in performing certain functions in a manner that does not add undue strain

II. Importance of Body Mechanics

A. Protects worker from injury by aligning body segments to each other; when standing straight, the main parts of the body (head, chest, and pelvis) are properly aligned over another to maintain good balance (II-1)

B. Reduces fatigue to prevent strain on the spine

C. Makes the spine work to maximize body strength

D. Makes lifting, transferring, and moving objects easier to minimize fatigue

E. Provides balance and stability

III. Key Points in Body Mechanics (HO 1)

A. When moving a resident, be sure he/she knows when he/she is going to be lifted, how you plan to do it, and where you are going to lift him/her to. Use verbal cues.

B. Determine what has to be done and if you will need help. Never attempt to lift alone if you feel that you will not be able to do so safely.

C. Place feet apart (about 18 inches) with one slightly ahead of the other. Feet should be shoulder-width apart to give you a broad base of support.

D. Get close to whatever is being lifted, instead of reaching for it. Move in and hold the object close to your body.

E. Keep your back straight; bend at the hips and knees. (II-2)

F. Straighten your legs and use your upper arm and leg muscles to lift.

G. Lift smoothly to avoid strain produced by jerky movements. Use verbal cues to signal your coworker when it is time to lift; i.e., count, "one, two, three, LIFT!" (II-3)

H. To turn, pivot with your feet—never twist your body.

I. Push, pull, slide, and roll whenever possible, rather than lift.

J. Remind coworkers to use good body mechanics.

IV. Additional Points

A. Always look for any obstacles or hazards before moving a resident.

B. When an action requires physical effort, try to use as many muscles as possible. For example, use both hands rather than one hand to pick up a heavy piece of equipment.

C. When you lift an object or pick something up from the floor, squat rather than bending over; this will reduce strain on the spine.

V. Summary and Conclusion

A. Body mechanics

B. Importance of body mechanics

C. Key points in body mechanics

D. Additional points

The importance of understanding and using proper body mechanics cannot be overemphasized. Serious injury to either or both the health services assistant and resident can occur as a result of improper lifting/transfer techniques.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

INTERACTION ITEMS:

1. What is good posture?
2. What muscle groups should you use when lifting?
3. How can you signal your coworkers that you are ready to move a resident?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Show filmstrip.
2. Have students lift box from floor using proper body mechanics.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

EVALUATION ITEMS:

1. Define body mechanics.

For each of the following, write "T" if the statement is true, or "F" if it is false.

____ 2. Body mechanics protect you from injury and reduce fatigue.

____ 3. Body mechanics provide imbalance and instability.

____ 4. Your feet should be as far apart as possible to give you a broad base of support.

____ 5. When lifting an object/resident, keep your back flexed and bend using your back muscles.

____ 6. To turn, pivot with your feet; never twist your body.

____ 7. Push, pull, or slide whenever possible, rather than lift.

____ 8. If a heavy resident must be moved, and no coworkers are available to help, go ahead and try to lift the resident by yourself.

____ 9. Always count or signal coworkers when it is time to lift.

____10. Inform the resident when, how, and where you are going to lift him/her.

____11. Always stand 12 inches away from whatever is being lifted.

____12. When picking something up from the floor, bend at the waist and reach over to pick it up.

____13. Always look for any obstacles or hazards before moving a resident.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

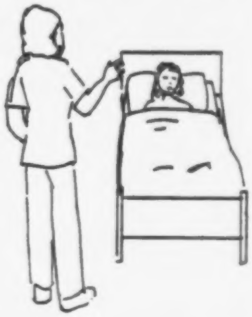
UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

ANSWERS TO EVALUATION ITEMS:

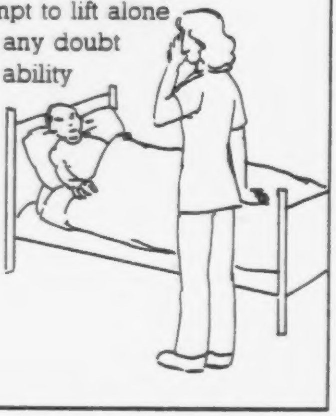
1. Body mechanics - using correct movement of the body in performing certain functions in a manner that does not add undue strain.
2. T
3. F
4. F
5. F
6. T
7. T
8. F
9. T
10. T
11. F
12. F
13. T

KEY POINTS IN BODY MECHANICS

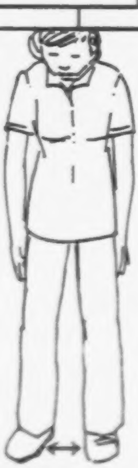
1. When you are lifting a resident, be sure that the resident knows you are lifting, how you plan to lift, and where you are going to lift him/her to.



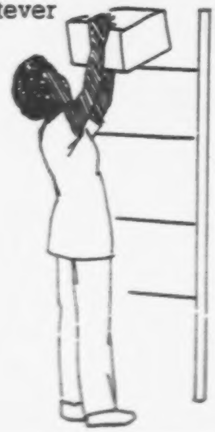
2. Size up the load to be lifted. Do not attempt to lift alone if you have any doubt about your ability to do so.



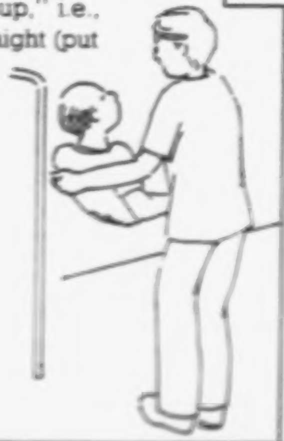
3. Check your footing. Your feet should be shoulder width apart to give you a broad base of support (good balance).



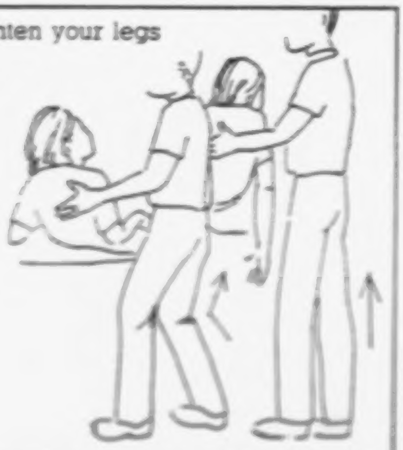
4. Get close to whatever is being lifted instead of reaching for it. Move in and hold it close.

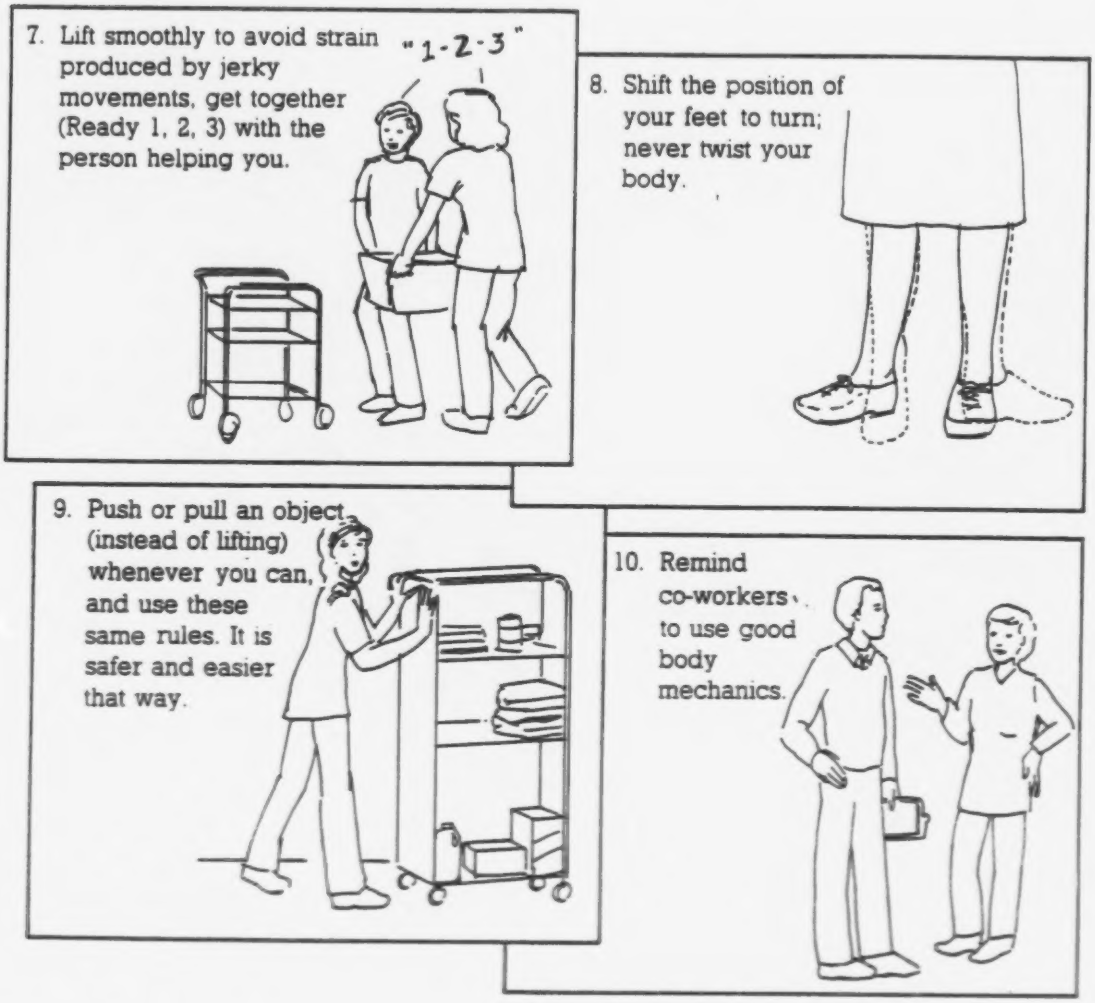


5. Get yourself "lined up," i.e., keep your back straight (put on "high midriff") bend at the knees and hips.



6. Straighten your legs to lift.





7. Lift smoothly to avoid strain produced by jerky movements, get together (Ready 1, 2, 3) with the person helping you.

8. Shift the position of your feet to turn; never twist your body.

9. Push or pull an object (instead of lifting) whenever you can, and use these same rules. It is safer and easier that way.

10. Remind co-workers to use good body mechanics.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

SCOPE OF UNIT:

This unit discusses the structure and function of the muscular system. Medical terms and definitions pertaining to the muscular system are included. Use of appropriate body mechanics is stressed. Positioning of residents, assisting in ambulation, ROM exercises, transfer techniques, and transporting a patient in a wheelchair are procedures presented in this unit.

INFORMATION TOPIC: OR DEMONSTRATION: VII-3

TURNING AND POSITIONING THE RESIDENT
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Demonstrate how to turn the resident in bed toward the health services assistant and position on side according to the steps of procedure.
2. Demonstrate how to turn the resident in bed away from the health services assistant and position on side according to the steps of procedure.
3. Demonstrate how to properly position the resident in the prone position.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Turning the Resident
2. HO 2: Positioning the Resident
3. Trainex filmstrip #398: "Positioning to Prevent Complications"
4. Bed with side rails
5. Two pillows - additional blankets/towels as needed
6. Handrail/wash cloth

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986, pp. 182-184.

REFERENCES:

Johnson-Pawlson, Jean and Marsha Goodwin. How To Be A Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1985, pp. 155-156.

McClelland, Sharon and Geraldine Kaspar. A Clinical Manual for Nursing Assistants. Monterey, CA: Wadsworth Health Sciences Division, 1985, pp. 82-87.

Sorrentino, Sheila A. Mosby's Textbook for Nursing Assistants. St. Louis: The C.V. Mosby Co., 1984, pp. 149-152.

INTRODUCTION:

Proper positioning of the resident in the bed is necessary to maintain normal body function, to prevent contractures, to assure comfort and to prevent pressure on one area of the body. Body alignment is the proper relationship of body parts to each other to avoid unnecessary strain/injury. Always look at the resident when positioning him/her to see if the body is straight and looks comfortable; check to make sure no bony areas are pressing/rubbing on the mattress. The following procedures will assist you in understanding the steps to take for turning a resident on his/her side and to the prone position (in which the resident is lying on his/her abdomen). This latter position will extend the body more than any other position. This can help prevent flexion contractures of the hip.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

STEPS OF PROCEDURE:

Turning the Resident Toward You to Side-Lying Position

Steps beginning procedure

1. Wash your hands.
2. Identify and greet resident. Identify self.
3. Explain what you are going to do.
4. Provide privacy.
5. Raise bed to a comfortable working height; lock wheels on bed; lower backrest, lower side rail on side from which you are working.
6. If the resident has any tubing coming from body and it is pinned to the bedding, unfasten it so that it will move freely with the resident.

Procedure for turning the resident toward you

7. Loosen the top sheets; do not expose the resident. Remove pillow.
8. Check to see that the resident has ample space to turn without getting too close to the edge of the bed; if not, have resident move over more in bed, or you move the resident to the side of the bed that he/she is not turning to.
9. Cross the leg farthest from you over the leg closest to you.
10. Cross the resident's arms over his/her chest.
11. Reach across the resident and put one hand behind his/her far shoulder.
12. Place your other hand behind his/her far hip, gently roll him/her toward you.
13. Fold a pillow lengthwise and place it against the resident's back for support.
14. Support the resident's head with the palm of one hand and with the other hand, slide a pillow under his/her head and neck.

15. Position resident's knees slightly flexed, upper leg more than the lower leg. Support upper leg on pillow.

16. Support upper arm on pillow.

17. Place handrail or rolled washcloth in hand with thumb in opposition to fingers.

Steps ending procedure

18. Make the resident comfortable; place call signal within reach; fasten tubing if unpinned while moving resident; adjust bedding.

19. Lower bed to a position of safety; raise side rails where ordered.

20. Wash your hands.

Turning the Resident Away From You to Side-Lying Position

Steps beginning procedure

1-6. See steps 1-6 of procedure for turning the resident toward you.

Procedure for turning the resident away from you

7. Loosen the top sheets; do not expose the resident. Remove the pillow.

8. Check to see that the resident has ample space to turn without getting too close to the edge of the bed; if not, have resident move over more in bed, or you move the resident to the side of the bed that he/she is not turning to.

9. Cross the resident's arms over his/her chest.

10. When turning a resident away from you, cross the leg closest to you over the leg farthest from you.

11. Place one hand on the resident's shoulder near you.

12. Put your other hand under resident's buttocks, turn him/her gently on his/her side, facing away from you.

13. Fold a pillow lengthwise and place it against the resident's back for support.

14. Support the resident's head with the palm of one hand and with the other hand, slide a pillow under his/her head and neck.

15. Keep knees slightly flexed, upper leg more than lower leg; support upper leg on pillow.

16. Support upper arm on pillow.

17. Place handrail or rolled washcloth in hand with thumb in opposition to fingers.

Steps ending procedure

18-20. See steps 18-20 of procedure for turning the resident toward you.

Prone Position

Steps beginning procedure

1-6. See steps 1-6 of procedure for turning the resident toward you.

Procedure for positioning the resident in the prone position

7. Loosen top sheets, do not expose resident. Remove pillows.

8. Move resident to side of bed you are on.

9. Turn to side.

10. Arm near center should be away from body.

11. Cross upper leg over lower leg.

12. Roll resident onto abdomen.

13. Place small firm pillow/folded blanket under the head.

    NOTE: Do not use a full pillow as it may cause neck strain and interfere with breathing.

14. Place small firm pillow under one shoulder.

15. Place small firm pillow under abdomen to prevent pressure on breasts.

16. Extend feet over end of mattress or slightly elevate feet off mattress by flexing knees and placing pillow under lower legs.

Steps ending procedure

17-19. See steps 17-19 of procedure for turning the resident toward you.

SUMMARY AND CONCLUSION:

1. Ask interaction items.
2. Review steps of procedures.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

INTERACTION ITEMS:

1. What can you use if you have only two pillows?
2. When you turn a resident to his/her side, what parts of the body will need support?
3. When positioning a resident on his/her abdomen (prone) why wouldn't you use a full pillow under his/her head?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Instructor demonstrates turning and positioning resident on side.
2. Instructor demonstrates turning and positioning resident in the prone position.
3. Students practice turning and positioning resident on side and prone position.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

EVALUATION ITEMS: NAME OF STUDENT ____________

TURNING AND POSITIONING THE RESIDENT IN BED

EQUIPMENT:

1. Bed with side rails
2. Two pillows - additional blankets/towels as needed
3. Handrail/wash cloth

DID THE STUDENT	YES	NO
Turning the Resident Toward the Health Services Assistant to Side-Lying Position A. Steps beginning procedure		
1. Wash hands.		
2. Identify and greet resident. Identify self.		
3. Explain procedure to resident.		
4. Provide privacy.		
5. Raise bed to a comfortable working height; lock wheels on bed; lower backrest; lower side rail on appropriate side.		
6. If the resident has any tubing coming from body and it is pinned to the bedding, unfasten it so that it will move freely with the resident.		
B. Turning the resident toward the health services assistant		
7. Loosen the top sheets without exposing the resident. Remove pillow.		
8. Allow the resident ample space to turn without getting too close to the edge of the bed.		

	YES	NO
9. Cross the far leg over the near leg.		
10. Cross the resident's arms over his/her chest.		
11. Reach across the resident and put one hand behind his/her far shoulder.		
12. Place other hand behind his/her far hip; gently roll him/her toward HSA.		
13. Fold a pillow lengthwise and place it against the resident's back for support.		
14. Support the resident's head with the palm of one hand and with the other hand, slide a pillow under his/her head and neck.		
15. Position resident's knees slightly flexed, upper leg more than the lower leg. Support upper leg on pillow.		
16. Support upper arm on pillow.		
17. Place handrail or rolled washcloth in hand with thumb in opposition to fingers.		
C. Steps ending procedure		
18. Make the resident comfortable; place call signal within reach; fasten tubing if unpinned while moving resident; adjust bedding.		
19. Lower bed to a position of safety; raise side rails where ordered.		
20. Wash hands.		
Turning the Resident Away From the Health Services Assistant to Side-Lying Position A. Steps beginning procedure		
1-6. Complete steps 1-6 of procedure for turning the resident toward HSA.		

	YES	NO
B. Turning the resident away from the health services assistant		
7. Loosen the top sheets, without exposing the resident. Remove the pillow.		
8. Allow the resident ample space to turn without getting too close to the edge of the bed.		
9. Cross the resident's arms over his/her chest.		
10. Cross the near leg over the far leg.		
11. Place one hand on the resident's near shoulder.		
12. Put other hand under resident's buttocks, turn him/her gently on his/her side, facing away.		
13. Fold a pillow lengthwise and place it against the resident's back for support.		
14. Support the resident's head with the palm of one hand and with the other hand, slide a pillow under his/her head and neck.		
15. Keep knees slightly flexed, upper leg more than lower leg; support upper leg on pillow.		
16. Support upper arm on pillow.		
17. Place handrail or rolled washcloth in hand with thumb in opposition to fingers.		
C. Steps ending procedure		
18-20. Complete steps 18-20 of procedure for turning the resident toward HSA.		
Prone Position A. Steps beginning procedure		
1-6. Complete steps 1-6 of procedure for turning the resident toward HSA.		

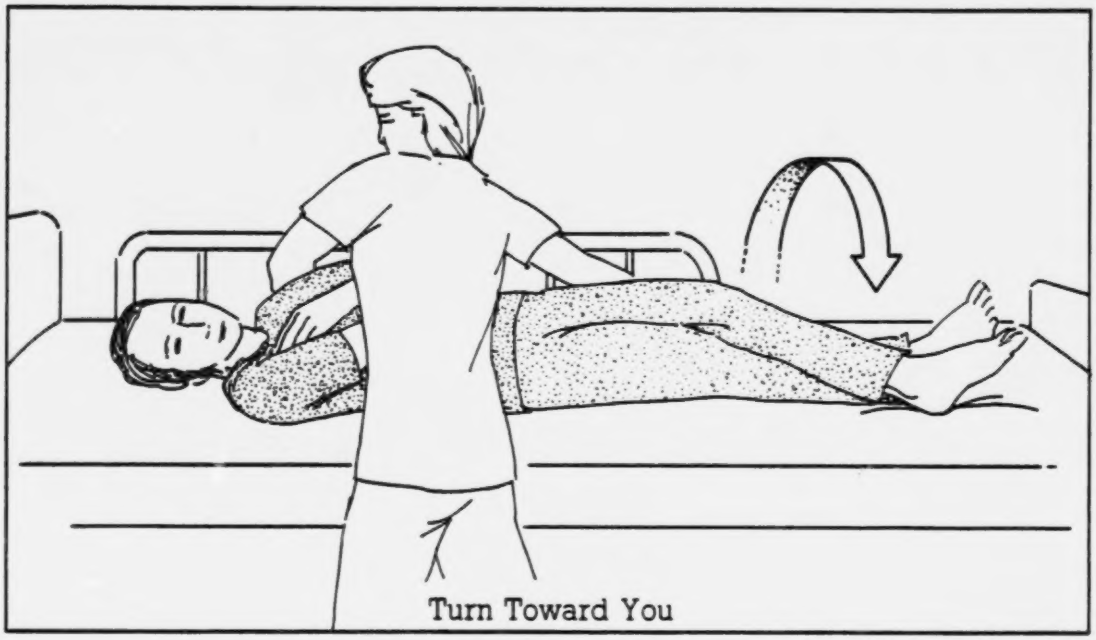
	YES	NO
B. Positioning the resident in the prone position		
7. Loosen top sheets; do not expose resident. Remove pillows.		
8. Move resident to near side of bed.		
9. Turn to side.		
10. Arm near center should be away from body.		
11. Cross upper leg over lower leg.		
12. Roll resident onto abdomen.		
13. Place small firm pillow/folded blanket under the head.		
14. Place small firm pillow under one shoulder.		
15. Place small firm pillow under abdomen to prevent pressure on breasts.		
16. Extend feet over end of mattress or slightly elevate feet off mattress by flexing knees and placing pillow under lower legs.		
C. Steps ending procedure		
17-19. Complete steps 17-19 of procedure for turning the resident toward HSA.		

The student has satisfactorily completed the procedure "TURNING AND POSITIONING THE RESIDENT IN BED" according to the steps outlined.

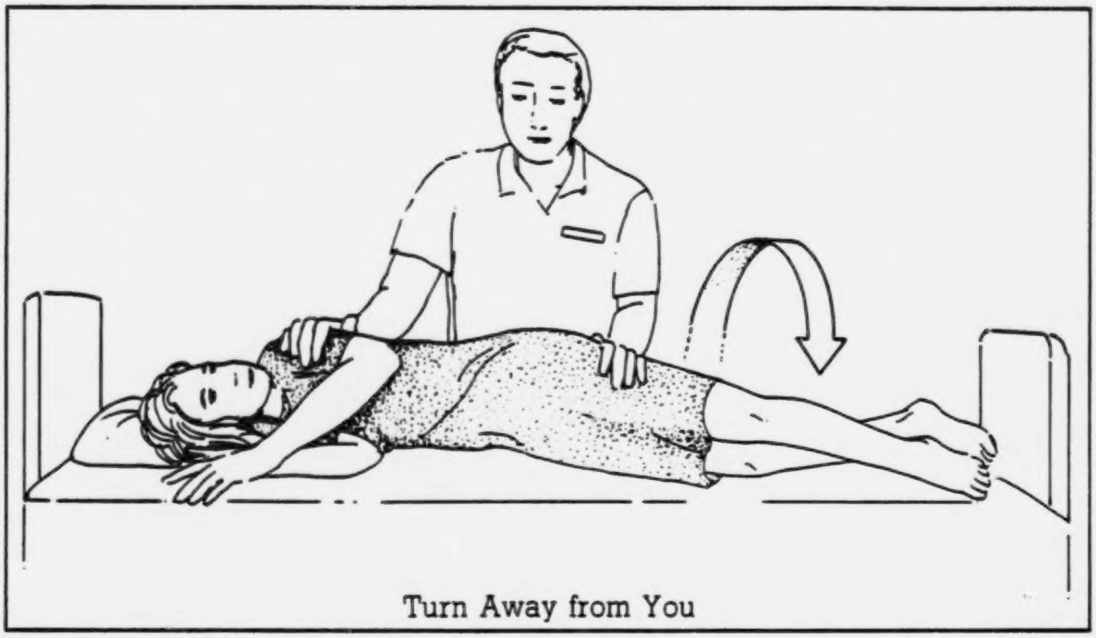
Instructor's Charge Personnel's Signature
(Verifying Satisfactory Completion)

(Date)

TURNING THE RESIDENT

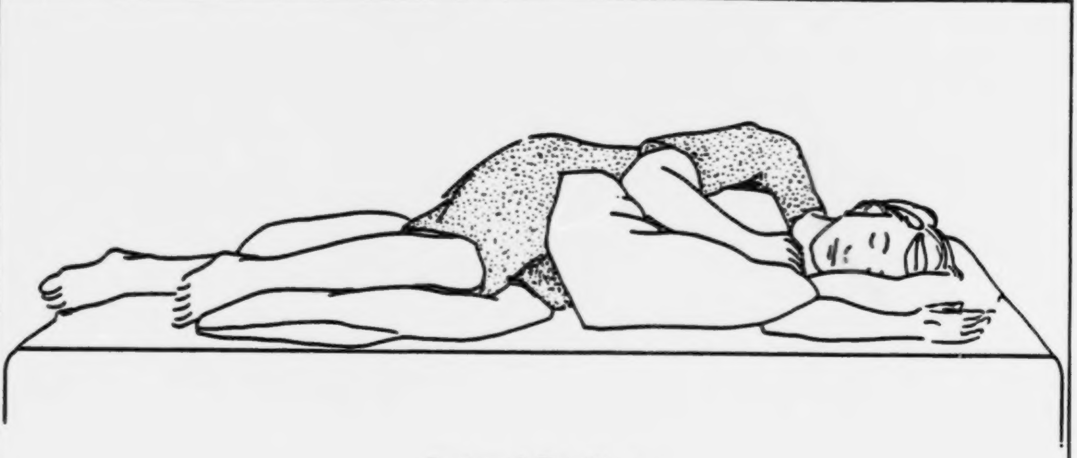


Turn Toward You

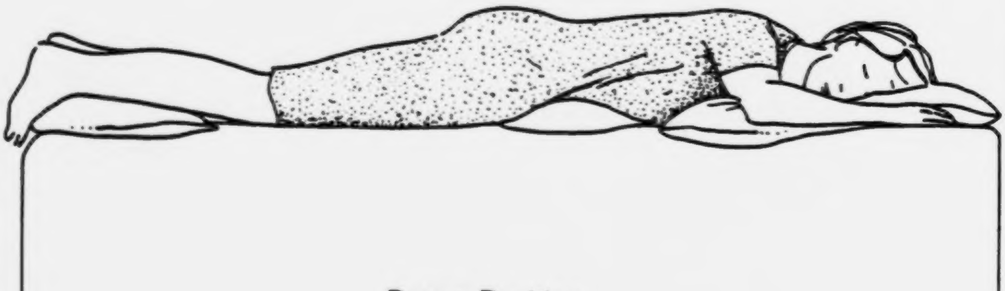


Turn Away from You

POSITIONING THE RESIDENT



Lateral Position



Prone Position

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

SCOPE OF UNIT:

This unit discusses the structure and function of the muscular system. Medical terms and definitions pertaining to the muscular system are included. Use of appropriate body mechanics is stressed. Positioning of residents, assisting in ambulation, ROM exercises, transfer techniques, and transporting a patient in a wheelchair are procedures presented in this unit.

INFORMATION TOPIC: OR DEMONSTRATION: VII-4

ASSIST/RAISE RESIDENT'S HEAD AND SHOULDERS FROM THE BED
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Assist/raise resident's head and shoulders from the bed according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986.

REFERENCES:

Reese, Dorothy Erickson. How To Be a Nurse's Aide In A Nursing Home. Washington, DC: American Health Care Association, 1976, p. 72.

INTRODUCTION:

Each day you work as a health care assistant, there will be some resident who may need assistance in raising his/her head and shoulders from the bed. Today's lesson covers the correct procedure for assisting or raising a resident's head and shoulders from the bed.

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

STEPS OF PROCEDURE:

Steps beginning procedure

1. Wash your hands.
2. Identify and greet resident. Identify self.
3. Explain what you are going to do.

Procedure for assist/raise resident's head and shoulders from the bed

4. Face the head of the bed with your feet separated, one foot ahead of the other.
5. Instruct resident to put his/her hand below your armpit and around your shoulders.
6. Put your arm under resident's armpit and behind resident's shoulders.
7. When you say "ready," pull the resident toward you.
8. If the resident is helpless or too heavy, ask for help.
9. With your free hand, turn the pillow.
10. With arms still locked, ease the resident down.

Steps ending procedure

11. Wash your hands.
12. Make the resident comfortable; place call signal within reach.
13. Record observations.

NOTE: Report anything unusual to the charge nurse.

SUMMARY AND CONCLUSION:

1. Ask interaction items.
2. Review steps of procedure.

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

INTERACTION ITEMS:

1. Where do you instruct the resident to place his/her hands?
2. When assisting raising the resident's head and shoulders from the bed, where does the nurse assistant place his/her arm?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Instructor demonstrates raising a resident's head and shoulders from the bed.
2. Students practice raising each other's head and shoulders from the bed.

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

EVALUATION ITEMS: NAME OF STUDENT ____________________

ASSIST/RAISE RESIDENT'S HEAD AND SHOULDERS FROM THE BED

EQUIPMENT:

DID THE STUDENT:	YES	NO
A. Steps beginning procedure 1. Wash hands.		
2. Identify and greet resident. Identify self.		
3. Explain what you are going to do.		
B. Steps of procedure 4. Face the head of the bed with feet separated, one foot ahead of the other.		
5. Instruct resident where to put his/her hand for this procedure.		
6. Put arm under resident's armpit and behind resident's shoulders.		
7. Say "ready" while pulling the resident toward him/her.		
8. If the resident is helpless or too heavy, ask for help.		
9. With free hand, turn the pillow.		
10. With arms still locked, ease the resident down.		

	YES	NO
C. Steps ending procedure 11. Wash hands.		
12. Make the resident comfortable; place call signal within reach.		
13. Record observations and report anything unusual to the charge nurse.		

The student has satisfactorily completed the procedure "ASSIST/RAISE RESIDENT'S HEAD AND SHOULDERS FROM THE BED" according to the steps outlined.

Instructor's/Charge Personnel's Signature
(Verifying Satisfactory Completion)

Date

LESSON PLAN: 5

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

SCOPE OF UNIT:

This unit discusses the structure and function of the muscular system. Medical terms and definitions pertaining to the muscular system are included. Use of appropriate body mechanics is stressed. Positioning of residents, assisting in ambulation, ROM exercises, transfer techniques, and transporting a patient in a wheelchair are procedures presented in this unit.

INFORMATION TOPIC: OR DEMONSTRATION: VII-5

LIFTING AND MOVING THE RESIDENT
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Demonstrate how to move a resident who can assist to the head of the bed according to the steps of procedure.
2. Demonstrate how to move a helpless resident to the head of the bed according to the steps of procedure.
3. Demonstrate how to move a resident to one side of the bed according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Moving the Resident in Bed
2. Trainex filmstrip #375: "Lifting and Moving Patients"
3. Bed with side rails

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. *Being a Nursing Assistant*. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 176-184.

REFERENCES:

Fouts, Janet and Lynn Mullen. *Nursing Assistant Training Manual*. Beaverton, OR: Medi Form Printers and Publishers, Inc., 1984, pp. 119-123.

Johnson-Pawlson, Jean and Marsha Goodwin. *How To Be A Nurse's Aide in a Nursing Home*. Washington, DC: American Health Care Association, 1985, pp. 147-151.

McClelland, Sharon and Geraldine Kaspar. *A Clinical Manual for Nursing Assistants*. Monterey, CA: Wadsworth Health Sciences Division, 1985, pp. 72-76.

Schniedman, Rose and Susan Lambert. *Being a Nursing Assistant*. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 176-184.

Sorrentino, Sheila A. *Mosby's Textbook for Nursing Assistants*. St. Louis: The C.V. Mosby Co., 1984, pp. 142-148.

INTRODUCTION:

Residents will often need help when moving in the bed. You must assess your resident properly to determine if you can move him/her by yourself or if you will need help. If the procedure requires two persons due to the resident being "dead weight," very heavy, or one with very fragile skin, use a pull/lift sheet. This will prevent friction and irritation to the skin. Keep in mind the principles of body mechanics anytime you are moving the resident.

LESSON PLAN: 5

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

STEPS OF PROCEDURE:

Moving Resident Who Can Assist to Head of Bed

Steps beginning procedure

1. Wash your hands.
2. Identify and greet resident. Identify self.
3. Explain what you are going to do.
4. Provide privacy.
5. Raise bed to a comfortable working height; lock wheels on bed; lower backrest; lower side rail on side at which you are working.
6. If the resident has any tubing coming from body and it is pinned to the bedding, unfasten it so that it will move freely with the resident.

Steps of procedure

7. Remove pillow and move it to headboard so resident does not hit his/her head when moving up.
8. Help resident bend his/her knees and press feet firmly against the mattress.
9. If resident is able, have him/her grasp head of bed, otherwise cross his/her arms over chest.
10. Slide one arm under resident's shoulders and the other under the thighs.
11. Position your body facing toward the head of the bed and stand with your feet 18 inches apart, one foot slightly ahead of the other.
12. On the count of three, have the resident push with his/her feet and you shift your weight from your back leg to your front leg as you slide the resident up in the bed.
13. Replace pillows.
14. Adjust backrest for comfort.

Steps ending procedure

15. Lower bed to a position of safety; raise side rails where ordered.

16. Make the resident comfortable; place call signal within reach; fasten tubing if unpinned while moving resident; adjust bedding.

17. Wash your hands.

Moving Helpless Resident to Head of Bed

Steps beginning procedure

1. Ask another health care assistant to work with you

2-7. See steps 1-6 of procedure for moving resident who can assist.

Steps of Procedure

8. Remove pillow and move it to headboard so resident does not hit his/her head when moving up.

9. Each health care assistant should stand on one side of the bed.

10. If pull sheet is not in place, position a draw sheet/folded regular sheet under shoulders and hip area. Roll edges of sheet toward resident's body on both sides and grasp rolled sheet with your hands at the resident's shoulders and at the mid-hip area.

    NOTE: If pull sheet is not available, each assistant should grasp under the resident's shoulder and buttocks.

11. Your feet should be pointed in the direction you are moving the resident; bend knees; keep back straight.

12. On the count of three, each assistant lifts the resident up off the surface of the bed and toward the head of the bed while shifting weight from back foot to front foot.

13. Replace pillow.

14. Adjust backrest for comfort.

Steps ending procedure

14-16. See steps 15-17 of procedure for moving resident who can assist.

Moving Resident to One Side of the Bed

Steps beginning procedure

1-6. See steps 1-6 of procedure for moving resident who can assist.

Steps of procedure

7. Remove pillow; loosen top sheets, but don't expose the resident.

8. Stand on the side of the bed toward which you intend to move resident.

9. Slide both arms under the resident's back to his/her far shoulder; then slide the resident's shoulders toward you on your arms.

10. Slide both your arms as far as you can under the resident's buttocks and slide his/her buttocks toward you. Use a lift sheet whenever possible.

11. Keep your knees bent and your back straight as you slide the resident.

12. Place both your arms under the resident's feet and slide them toward you on your arms.

13. Replace pillows.

14. Adjust backrest for comfort.

Steps ending procedure

15-17. See steps 15-17 of procedure for moving resident who can assist.

SUMMARY AND CONCLUSION:

1. Ask interaction items.

2. Review steps of procedures.

LESSON PLAN: 5

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

INTERACTION ITEMS:

1. How do you prepare the area and the resident before lifting the resident?
2. What body mechanics does the health care assistant use?
3. If the resident can assist, how do you instruct him/her to help?
4. Where does the second person stand when two persons are lifting a helpless resident?
5. What is the purpose of the lift sheet?
6. When moving a resident to the side of the bed, what part of the body do you move first?
7. What can be the result of failing to synchronize with verbal cues when two persons are working together in a lifting procedure?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Show filmstrip.
2. Instructor demonstrates how to move a resident up in the bed and how to move a resident from one side of the bed to the other.
3. Students practice moving another student up in bed and moving another student from one side of the bed to the other.

LESSON PLAN: 5

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

EVALUATION ITEMS: NAME OF STUDENT ____________________

LIFTING AND MOVING THE RESIDENT

EQUIPMENT:

1. Bed with side rails

DID THE STUDENT	YES	NO
Moving Resident Who Can Assist to Head of Bed A. Steps beginning procedure 1. Wash hands.		
2. Identify and greet resident. Identify self.		
3. Explain procedure to resident.		
4. Provide privacy.		
5. Raise bed to a comfortable working height; lock wheels on bed; lower backrest; lower side rail on appropriate side.		
6. If the resident has any tubing coming from body and it is pinned to the bedding, unfasten it so that it will move freely with the resident.		
B. Steps of procedure 7. Remove pillow and move it to headboard so resident does not hit his/her head when moving up.		
8. Help resident bend his/her knees and press feet firmly against the mattress.		
9. If resident is able, have him/her grasp head of bed; otherwise cross his/her arms over chest.		

	YES	NO
10. Slide one arm under resident's shoulders and the other under the thighs.		
11. Stand facing the head of the bed with feet 18 inches apart, one foot slightly ahead of the other.		
12. On the count of three, have the resident push with feet as health care assistant shifts weight from back leg to front leg and slides resident up in the bed.		
13. Replace pillows.		
14. Adjust backrest for comfort.		
C. Steps ending procedure 15. Lower bed to a position of safety; raise side rails where ordered.		
16. Make the resident comfortable; place call signal within reach; fasten tubing if unpinned while moving resident; adjust bedding.		
17. Wash hands.		
Moving Helpless Resident to Head of Bed A. Steps beginning procedure 1. Ask for assistance from another health care assistant.		
2-7. Complete steps 1-6 of procedure for moving resident who can assist.		
B. Steps of procedure 8. Remove pillow and move it to headboard so resident does not hit his/her head when moving up.		
9. Each assistant should stand on one side of the bed.		

	YES	NO
10. If pull sheet is not in place, position a draw sheet/folded regular sheet under shoulders and hip area. Roll edges of sheet toward resident's body on both sides and grasp rolled sheet with hands at the resident's shoulders and at the mid-hip area.		
11. Point feet in the direction in which resident is to be moved; bend knees; keep back straight.		
12. On the count of three, each assistant lifts the resident up off the surface of the bed and toward the head of the bed using correct body mechanics.		
13. Replace pillow.		
14. Adjust backrest for comfort.		
C. Steps ending procedure 15-17. Complete steps 15 through 17 of procedure for moving resident who can assist.		
Moving Resident to One Side of the Bed A. Steps beginning procedure 1-6. Complete steps 1-6 of procedure for moving resident who can assist.		
B. Steps of procedure 7. Remove pillow; loosen top sheets without exposing resident.		
8. Stand on the side of the bed toward which the resident is to be moved.		
9. Slide both arms under the resident's back to his/her far shoulder; then slide the resident's shoulder in the direction of the move.		
10. Slide both arms as far as possible under the resident's buttocks in the direction of the move. Use a lift sheet whenever possible.		

	YES	NO
11. Keep knees bent and back straight while sliding resident.		
12. Place both arms under the resident's feet and slide them in the direction of the move.		
13. Replace pillows.		
14. Adjust backrest for comfort.		
C. Steps ending procedure 15.-17. Complete steps 15 through 17 of procedure for moving resident who can assist.		

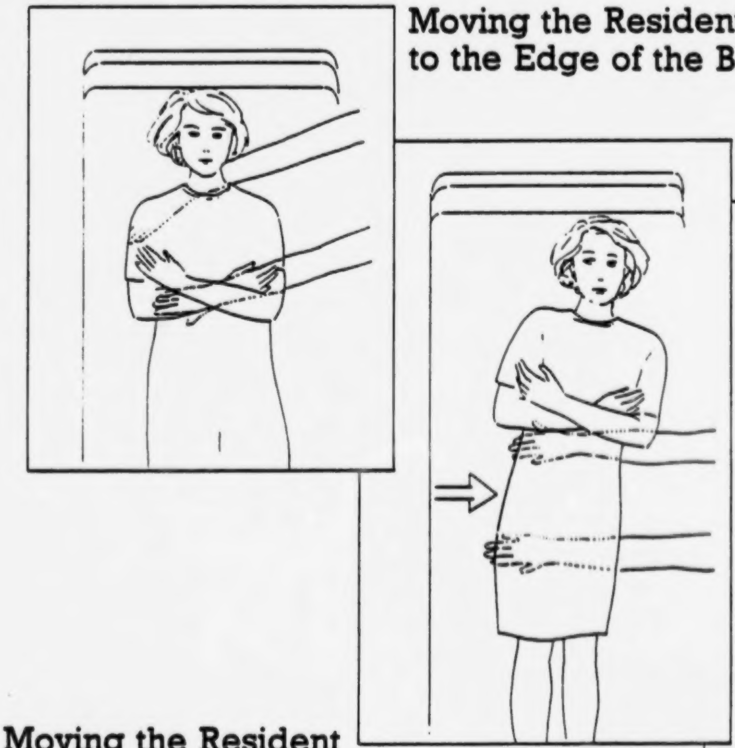
The student has satisfactorily completed the procedure "LIFTING AND MOVING THE PATIENT" according to the steps outlined.

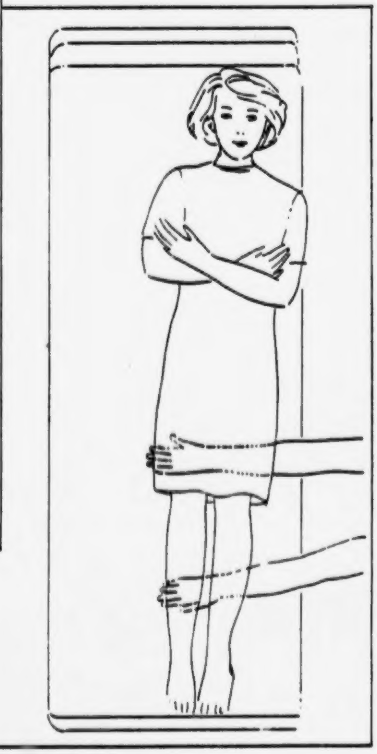
Instructor's/Charge Personnel's Signature
(Verifying Satisfactory Completion)

Date

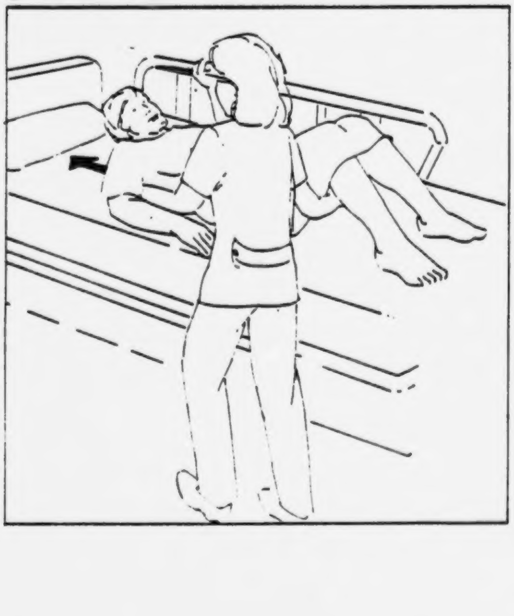
Moving the Resident in Bed

Moving the Resident to the Edge of the Bed

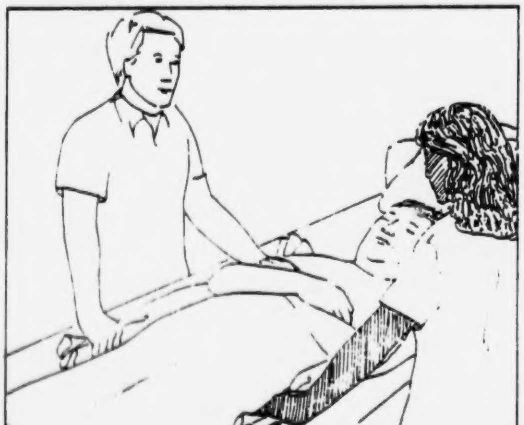




Moving the Resident Up in Bed



Using a Pull Sheet



LESSON PLAN: 6

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

SCOPE OF UNIT:

This unit discusses the structure and function of the muscular system. Medical terms and definitions pertaining to the muscular system are included. Use of appropriate body mechanics is stressed. Positioning of residents, assisting in ambulation, ROM exercises, transfer techniques, and transporting a patient in a wheelchair are procedures presented in this unit.

INFORMATION TOPIC: VII-6 AND DEMONSTRATION: VII-6

AMBULATION
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. List three purposes of ambulation.
2. Identify four nursing responsibilities when assisting the resident with ambulation.
3. Recognize four types of equipment that may be used to assist with ambulating a resident.
4. Demonstrate how to ambulate a resident using a gait belt according to the steps of procedure.
5. Demonstrate how to ambulate a resident using a walker according to the steps of procedure.
6. Demonstrate how to ambulate a resident using a cane according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Gait belt
2. Walker
3. Cane
4. Brace
5. Prosthesis

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 77; 414.

REFERENCES:

Fouts, Janet and Lynn Mullen. Nursing Assistant Training Manual. Beaverton, OR: Medi Form Printers and Publishers, Inc., 1984, pp. 127-129.

McClelland, Sharon and Geraldine Kaspar. A Clinical Manual for Nursing Assistants. Monterey, CA: Wadsworth Health Sciences Division, 1985, pp. 99-101.

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 77; 414.

INTRODUCTION:

Ambulation means walking or moving around in an upright position. Ambulating a resident correctly is a skill that a health services assistant must develop in order to help the resident remain physically active and to prevent complications of extended bed rest.

LESSON PLAN: 6

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

OUTLINE: (Key Points)

I. Purposes of Ambulation

   A. Keeps the resident more active

   B. Improves muscle tone in legs; improves strength

   C. Provides sense of accomplishment

   D. Allows resident to maintain greater independence

II. Health Care Assistant's Responsibilities in Ambulating Residents

   A. Be aware of safety considerations - make sure objects and other residents are out of the way; no slippery floors or shoes; suction tips on all equipment.

   B. Use good body mechanics.

   C. Dress resident appropriately.

   D. Observe resident's ambulation and response to ambulation (i.e., steadiness of gait, balance, and endurance).

   E. Ambulate resident in an uncluttered area. Have a chair ready for the resident at the other end, or at a resting point along the way.

   F. Most of the time, you will ambulate at the resident's side, with your arm/hand for support--standing on the resident's strongest side. If the resident is to be encouraged to use a weak leg, stand on the weak side.

III. Equipment Used for Ambulation

   A. Transfer or gait belt

      1. Grasp the belt with both hands and use it to guide the resident.

      2. Walk slowly and allow the resident to set the pace.

B. Walker

1. Used for resident who requires some support when walking due to imbalance or weakness.

2. Resident may be able to bear weight on one foot, remain balanced in an upright position, and have use of hands and arms.

3. When walker is being moved, the resident's feet should not be moving. It should never be slid along the floor or ground.

4. The height of the walker should be adjusted so that the resident is standing straight with elbows slightly flexed.

C. Cane

1. Used for residents who have weakness or paralysis on one side of the body.

2. Should be used on resident's stronger side to balance his/her weight between the cane and his/her weaker side.

3. The height of the cane should be such that the resident holds it with his/her elbow slightly bent when walking.

D. Brace

1. Used for residents who need specific support for weakened muscles/joints or to provide immobilization of an injured part

2. Never loosen screws/bolts of brace; check skin where brace is applied for any signs of breakdown.

3. Prop brace when not in use. Never lay it flat—it could warp.

E. Prosthesis - artificial limb

1. Used for resident who is missing an arm/leg

2. Check skin of stump for any signs of breakdown; see that prosthesis fits.

IV. Steps of Procedure for Ambulation with a Gait Belt

A. Steps beginning procedure

1. Wash your hands.
2. Identify and greet resident. Identify self.
3. Explain what you are going to do.
4. Lower bed to lowest level; assist resident to sit on edge of bed.
5. Pause and allow resident to sit on edge of bed a few moments to regain balance.
6. Assist resident in putting on nonskid shoes and socks.
7. Put gait belt around resident's waist.
8. Stand in position of good body mechanics.
9. Assist the resident to a standing position.

B. Ambulation procedure (gait belt)

10. Assist resident to stand by straightening legs as you lift with gait belt while resident pushes down with hands on the mattress.
11. Pause to allow resident to regain balance.
12. Walk with the resident by placing one hand around the back of his/her waist and the other hand under the gait belt; walk on the weakest side and encourage resident to hold handrail, if available, with strong arm.
13. Walk in the same pattern as the resident (both step with left foot at the same time); assist resident to step forward with strong foot first.
14. Walk resident the distance instructed by charge nurse.

NOTE: If resident loses weight-bearing ability, pull the resident's body into close alignment with your hip/thigh area by using the gait belt and lower to floor using large muscles of your legs.

C. Steps ending procedure

15. Return resident to bed/chair.
16. Make sure resident is comfortable; place call signal within reach.

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17. Remove gait belt.

18. Wash your hands.

19. Record observations.

V. Steps of Procedure for Ambulation with Walker

A. Steps beginning procedure

1-9. See steps 1-9 of procedure for ambulating with gait belt.

B. Ambulation procedure (walker)

10. Instruct resident to position body within the frame of the walker.

11. Instruct resident to move walker forward by lifting it up.

12. Instruct resident to take a step forward with the weak leg.

13. Instruct resident to then move strong leg forward.

14. Repeat steps 10-13 to distance instructed by charge nurse.

15. To ambulate backward (to sit down in chair), resident steps back with strong foot, takes a step back with weak foot then walker is moved back. Have resident feel for arms of chair with his/her hand.

C. Steps ending procedure

16-20. See steps 15-19 of procedure for ambulating with gait belt.

VI. Steps of Procedure for Ambulation with Cane

A. Steps beginning procedure

1-9. See steps 1-9 of procedure for ambulating with gait belt.

B. Ambulation procedure (cane)

10. Instruct resident to take short steps and keep head up and eyes looking forward.

11. Resident moves cane forward and a little out to the side of the strong leg.

12. Resident moves weak extremity forward to line even with tip of cane just after cane is placed.

13. Instruct resident to put weight on cane and weak foot while swinging strong foot forward, taking a step.

14-17. Repeat steps 10-13 to distance instructed by charge nurse.

C. Steps ending procedure

18-22. See steps 15-19 of procedure for ambulating with gait belt.

IV. Summary and Conclusion

A. Purposes of ambulation

B. Health care assistant's responsibilities in ambulating residents

C. Equipment used for ambulation

D. Ask interaction items.

E. Review steps of procedure.

LESSON PLAN: 6

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII: RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

INTERACTION ITEMS:

1. Why is it important to ambulate the resident?
2. Why does the resident need stockings and nonskid shoes in order to prepare for ambulation?
3. Why do you pause and allow resident to sit on the edge of the bed before starting ambulation?
4. How should you walk when ambulating a resident?
5. How far should the resident ambulate?
6. What is the procedure for lowering a resident to the floor if he/she loses his/her weight-bearing ability?
7. How should the resident be instructed to move the walker forward?
8. On which side should the resident hold the cane?
9. What is the position of good body mechanics when assisting a resident to standing position?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Instructor demonstrates ambulation procedures using gait belt, walker, and cane.
2. Students practice ambulating one another with gait belt, walker, and cane.

LESSON PLAN: 6

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII: RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

EVALUATION ITEMS:

1. List three purposes of ambulation.

   a.

   b.

   c.

2. Which of the following is not a device used to assist with ambulation? (Circle the letter of the correct answer.)

   a. Walker
   b. Cane
   c. Gait belt
   d. Wheelchair

For each of the following, write "T" if the statement is true, or "F" if it is false.

____ 3. When ambulating a resident just a short distance, body mechanics are not as important to remember.

____ 4. Always make sure objects are out of the way before starting to ambulate a resident.

____ 5. If a resident is to be encouraged to use his/her weak leg more, stand on the strong side.

____ 6. The resident should be dressed in his/her pajamas when ambulating in the hall.

LESSON PLAN: 6

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII: RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

EVALUATION ITEMS:

NAME OF STUDENT ____________________

AMBULATION

EQUIPMENT:

1. Gait belt
2. Walker
3. Cane

DID THE STUDENT	YES	NO
Ambulation With Gait Belt		
A. Steps beginning procedure		
1. Wash hands.		
2. Identify and greet resident. Identify self.		
3. Explain procedure to resident.		
4. Lower bed to lowest level; assist resident to sit on edge of bed.		
5. Pause and allow resident to sit on edge of bed a few moments to regain balance.		
6. Assist resident in putting on nonskid shoes and socks.		
7. Put gait belt around resident's waist.		
8. Stand in position of good body mechanics.		
9. Assist the resident to a standing position.		
B. Ambulation procedure (gait belt)		
10. Assist resident to stand by straightening legs while lifting with gait belt as resident pushes down with hands on the mattress.		
11. Pause to allow resident to regain balance.		

	YES	NO
12. Walk with the resident by placing one hand around the back of his/her waist and the other hand under the gait belt; walk on the weakest side and encourage resident to hold handrail, if available, with strong arm.		
13. Walk in the same pattern as the resident (both step with left foot at the same time, assist resident to step forward with strong foot first).		
14. Walk resident the distance instructed by charge nurse.		
C. Steps ending procedure 15. Return resident to bed/chair.		
16. Make sure resident is comfortable; place call signal within reach.		
17. Remove gait belt.		
18. Wash hands.		
19. Record observations.		
Ambulation With Walker A. Steps beginning procedure 1-9. Complete steps 1-9 of procedure for ambulating with gait belt.		
B. Ambulation procedure (walker) 10. Instruct resident to position body within the frame of the walker.		
11. Instruct resident to move walker forward by lifting it up.		
12. Instruct resident to take a step forward with the weak leg.		
13. Instruct resident to then move strong leg forward.		
14. Repeat steps 10-13 to distance instructed by charge nurse.		

	YES	NO
15. To ambulate backward (to sit down in chair), resident steps back with strong foot, takes a step back with weak foot then walker is moved back. Have resident feel for arms of chair with his/her hand.		
C. Steps ending procedure 16-20. Complete steps 15-19 of procedure for ambulating with gait belt.		
Ambulation With Cane A. Steps beginning procedure 1-9. Complete steps 1-9 of procedure for ambulating with gait belt.		
B. Ambulation procedure (cane) 10. Instruct resident to take short steps and keep head up and eyes looking forward.		
11. Instruct resident to move cane forward and a little out to the side of the strong leg.		
12. Instruct resident to move weak extremity forward to line even with tip of cane just after cane is placed.		
13. Instruct resident to put weight on cane and weak foot while swinging strong foot forward, taking a step.		
14-17. Repeat steps 10-13 to distance instructed by charge nurse.		
C. Steps ending procedure 18-22. Complete steps 15-19 of procedure for ambulating with gait belt.		

The student has satisfactorily completed the procedure "AMBULATION" according to the steps outlined.

Instructor's/Charge Personnel's Signature
(Verifying Satisfactory Completion)

Date

LESSON PLAN: 6

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

ANSWERS TO EVALUATION ITEMS:

1. The student may list any three of the following:
   a. Keeps the resident more active
   b. Improves muscle tone in legs; improves strength
   c. Provides sense of accomplishment
   d. Allows resident to maintain greater balance
2. d
3. F
4. T
5. F
6. F

LESSON PLAN: 7

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

SCOPE OF UNIT:

This unit discusses the structure and function of the muscular system. Medical terms and definitions pertaining to the muscular system are included. Use of appropriate body mechanics is stressed. Positioning of residents, assisting in ambulation, ROM exercises, transfer techniques, and transporting a patient in a wheelchair are procedures presented in this unit.

INFORMATION TOPIC: VII-7 OR DEMONSTRATION:

PRINCIPLES OF TRANSFERRING RESIDENTS
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Describe two methods of active assistive transfer.
2. Identify five safety measures to observe when transferring residents.
3. Recognize three pieces of equipment used for transfer activities.
4. Identify what areas of the body must be checked for proper body alignment.
5. Describe the method of properly positioning a resident who slides forward in the chair.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Trainex filmstrip #400: "Transfer Activities and Ambulation"
2. Trainex filmstrip #123: "Use of Patient Lifters"
3. Chair, w/c, g/c, or commode
4. Transfer belt
5. Mechanical lift, if available
6. Sliding board, if available
7. Arm sling, if available

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INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 184-185.

REFERENCES:

Fouts, Janet and Lynn Mullen. Nursing Assistant Training Manual. Beaverton, OR: Medi Form Printers and Publishers, Inc., 1984, pp. 123-124.

Johnson-Pawlson, Jean and Marsha Goodwin. How To Be A Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1985, p. 156.

McClelland, Sharon and Geraldine Kaspar. A Clinical Manual for Nursing Assistants. Monterey, CA: Wadsworth Health Sciences Division, 1985, pp. 85-86; 93-98.

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 184-185.

INTRODUCTION:

Residents in health care facilities should be kept out of bed as much as their physical condition allows. Getting the resident up and into a chair can prevent complications associated with being immobilized. If the resident cannot walk, one way to make the resident mobile and get him/her out of his/her room is to put the resident in a wheelchair or geri chair. Many of the residents will be dependent upon your help to do this. It is necessary for you to understand some of the basic principles of transfer to accomplish this in a safe, efficient manner.

LESSON PLAN: 7

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

OUTLINE: (Key Points)

I. Methods of Transfer (II-1)

   A. Active assistive - resident needs assistance in moving from place to place

      1. Sitting transfers - resident remains in sitting position when transferred

      2. Standing transfers - resident stands and pivots or takes steps to transfer

         a. Chair to bed; bed to chair

         b. Chair to ambulation device

      3. Lying transfer

         a. Bed to stretcher; stretcher to bed

         b. Using a mechanical lift

   B. Passive - resident does not assist with transfer

II. Safety Measures

   A. When transferring residents who have a weak side, position the chair on his/her strong side.

   B. For a weak resident, you need to have control of the shoulders and hips during transfer.

   C. Do not attempt to transfer a resident who cannot bear any of his/her own body weight by yourself. Determine beforehand how many people will be needed for the transfer; do not interrupt the procedure to go get more help.

   D. All wheelchairs or geri-chairs should have locks which are locked during transfer; a slight movement of the w/c could cause a fall.

   E. Footrests should be up and out of the way during transfer to prevent the resident from tripping or stepping on the rests and falling.

   F. Have all equipment handy and checked for safety before beginning procedures.

G. Give the resident thorough explanations of how he/she is to assist. Give resident encouragement and praise when he/she assists with the transfer.

H. Resident's feet should be flat on the floor approximately 12 inches apart.

I. Practice good body mechanics.

III. Equipment for Transfer Activities

A. Sliding Board (II-2)

1. A smooth, varnished or vinyl board with tapered edges about one foot wide and two feet long.

2. One end is tucked in place under the resident and the other end is put on the chair or bed.

3. The resident's body slides across the board. Dusting the board with talcum powder or cornstarch facilitates sliding.

4. The resident may use a trapeze bar to place his/her hands to help him/her lift and move.

5. The board is helpful for a weak or paralyzed resident who cannot stand up well enough to transfer to a chair.

6. The resident must be moving to another surface of equal or lower height.

B. Transfer belt (II-3)

1. A special belt which is placed around the resident's waist and provides the nurse assistant with a handle to hold on to when moving the resident.

2. It enhances both the safety and comfort of the transfer procedure; prevents injury to resident which could be caused by pulling on arms.

3. Useful for ambulating residents--increases safety.

4. Apply the belt snugly, but not so tight that it causes discomfort or impairs the resident's ability to breathe.

C. Mechanical lift

1. A device used to lift and move residents who are unable to do so on their own.

2. Two people are needed to use such a device safely.

3. Parts of a mechanical lift

    a. Sling in which the resident sits

    b. Arm and frame that support the sling

    c. Crank or lever that raises or lowers the arm of the frame

D. Sling

1. A cloth device to cradle an arm or hand that may be injured or paralyzed

2. Supporting the paralyzed extremity in a sling makes it easier for the resident to balance in transfer and ambulation activities.

IV. Positioning the Resident in a Chair

A. The weight of the resident should be supported by the upper legs and buttocks when sitting in a chair, w/c, or g/c.

B. Check for proper body alignment

1. Head should be erect; control of head is necessary to maintain an upright position.

2. Arms supported with pillows.

3. Back should be straight against the back of the chair; place a small pillow at the lower back for comfort and support if resident's sitting balance is good.

4. Hips and buttocks should be against the back of the chair.

5. The backs of the knees should be free of pressure from the edge of the chair; there should be room for two or three fingers between the back of the knees and the front of the chair.

6. Feet should be positioned flat on the footrests or the floor; should not be left to dangle.

C. Position still needs to be changed every two hours and the resident exercised; if possible, resident should stand and walk at two-hour intervals. (II-4)

D. Have the resident shift his/her weight from one side of the buttocks to the other by leaning to the right side and then to the left side every 30 minutes.

E. For the resident who slides forward in the chair:

(II-5)

1. Apply transfer belt.

2. Stand behind the chair and put your arms under the resident's upper arms and grasp the transfer belt at his/her sides (the resident's arms should be folded in front of his/her chest). On the count of three pull the resident up and back into the chair.

    a. If the resident can help, have him/her push with his/her feet on the footrests.

    b. If the resident cannot help, do not attempt to do this procedure alone as you would risk a back injury. Have a second person lift and guide the resident's legs and thighs slightly off the chair to reduce friction and dead weight as you pull on the transfer belt to move the resident up and back.

V. Summary and Conclusion

A. Methods of transfer

B. Safety measures

C. Equipment for transfer activities

D. Positioning the resident in chair

Almost all of the residents you will be taking care of will need to get out of bed at least once a day. You must plan ahead and think through the steps before you start. It can be very frightening for some residents who do not get out of bed very often. He/she may be scared that you will drop them or that he/she will fall. Take your time and encourage the resident to help as much as possible.

LESSON PLAN: 7

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

INTERACTION ITEMS:

1. What is the difference between an active assistive transfer and a passive transfer?

2. What type of resident may use a sliding board? Would the resident have to have good muscle strength of the upper extremities?

3. Where is the transfer belt placed on the resident?

4. How often do you think a resident in a chair should have his/her position changed?

5. A resident calls you and states that he needs to go to the bathroom immediately. You have never lifted this man before by yourself; there has always been two people. He tells you he will help, but he needs to go right now or else he will be incontinent. What will you do?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Show filmstrip.

2. Show students equipment used for transfers.

LESSON PLAN: 7

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

EVALUATION ITEMS:

1. Describe two methods of active assistive transfer.

   a.

   b.

For each of the following, write "T" if the statement is true, or "F" if it is false.

____ 2. Wheelchairs or geri chairs should have locks which are locked during the transfer.

____ 3. The resident who can only give minimal assistance should not be given explanations since he/she will not be helping anyway.

____ 4. If you are a strong person, you should be able to transfer any resident, even one who cannot bear any of his/her own body weight.

____ 5. The position of the footrests is not significant when transferring residents.

____ 6. Have all equipment handy before beginning the procedure and check it for safety.

7. Which of the following equipment cannot be used for transfers? (Circle the letter of the correct answer.)

   a. Transfer belt
   b. Mechanical lift
   c. Sliding board
   d. Footboard

8. Which of the following areas of the body should be checked for proper body alignment when the resident is positioned in a chair? (Circle the letter of the correct answer.)

   a. Head
   b. Hips and buttocks
   c. Feet
   d. All of the above

9. You are caring for a resident, she is sitting in a chair but has slid forward and is out of body alignment and appears to be uncomfortable. How will you reposition her?

LESSON PLAN: 7

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

ANSWERS TO EVALUATION ITEMS:

1. The student may list any two of the following:
   a. Sitting transfer - resident remains in sitting position when transferred
   b. Standing transfer - resident stands and pivots or takes steps to transfer
      1. Chair to bed; bed to chair
      2. Chair to ambulation device
   c. Lying transfer
      1. Bed to stretcher; stretcher to bed
      2. Using a mechanical lift
2. T
3. F
4. F
5. F
6. T
7. d
8. d
9. Apply transfer belt. Stand behind the chair and put your arms under the resident's upper arms and grasp the transfer belt at her sides (the resident's arms should be folded in front of her chest). On the count of three pull the resident up and back into the chair. If the resident can help, have her push with her feet on the footrests. If the resident cannot help, do not attempt to do this procedure alone as you would risk a back injury. Have a second person lift and guide the resident's legs and thighs slightly off the chair to reduce friction and dead weight as you pull on the transfer belt to move the resident up and back.

LESSON PLAN: 8

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII: RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

SCOPE OF UNIT:

This unit discusses the structure and function of the muscular system. Medical terms and definitions pertaining to the muscular system are included. Use of appropriate body mechanics is stressed. Positioning of residents, assisting in ambulation, ROM exercises, transfer techniques, and transporting a patient in a wheelchair are procedures presented in this unit.

INFORMATION TOPIC: OR DEMONSTRATION: VII-8

TRANSFER ACTIVITIES
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Demonstrate how to transfer a resident from the bed to chair or wheelchair according to the steps of procedure.
2. Demonstrate how to transfer a resident from chair or wheelchair to bed according to the steps of procedure.
3. Demonstrate how to use a mechanical lift to transfer a resident according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Bed
2. Chair or wheelchair
3. Mechanical lift

INFORMATIONAL ASSIGNMENT:

Sorrentino, Sheila A. Mosby's Textbook for Nursing Assistants. St. Louis: The C.V. Mosby Co., 1984, pp. 156-159; 162-163.

REFERENCES:

Johnson-Pawlson, Jean and Marsha Goodwin. How To Be A Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1985, pp. 156-157.

McClelland, Sharon and Geraldine Kaspar. A Clinical Manual for Nursing Assistants. Monterey, CA: Wadsworth Health Sciences Division, 1985, pp. 97-98.

Sorrentino, Sheila A. Mosby's Textbook for Nursing Assistants. St. Louis: The C.V. Mosby Co., 1984, pp. 156-159; 162-163.

INTRODUCTION:

You should now have a clear understanding of the importance of getting a resident up and out of the bed. You must learn to do this in a way that is safe and does not cause discomfort to the resident. It will be an activity that you will assist the resident with many times during your shift. The following procedure will provide you with the steps to take to transfer a resident properly.

LESSON PLAN: 8

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII: RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

STEPS OF PROCEDURE:

Transfer from Bed to Chair with Resident Assistance

Steps beginning procedure

1. Wash your hands.
2. Assemble necessary equipment.
3. Identify and greet resident. Identify self.
4. Explain what you are going to do.
5. Provide privacy.
6. Adjust bed height to low position. Lock brakes of bed.

Procedure for bed to chair transfer with resident assistance

7. May raise head of bed to bring resident to sitting position.
8. Assist resident to move over in bed to within five or six inches of the edge of the bed.
9. Position your body facing foot of bed.
10. Put one forearm under resident's shoulders and the other behind the knees.
11. Bend your knees; keep back straight and stand with feet apart about 18 inches.
12. Straighten your hips and knees, while shifting weight from front foot to back foot. At the same time, lift resident's head-neck with one arm while pulling the legs over side of bed with other arm.
13. Allow the resident time for his/her circulation to adjust to being in a sitting position before you proceed.
14. Assist in putting on socks and nonskid shoes; apply transfer belt.
15. Position w/c or g/c or commode on resident's strong side if indicated; if not, position chair as desired.

16. Place chair parallel to or at a 45° angle to the bed.
17. Lock the wheels of the chair.
18. Cover w/c or g/c with bath blanket and/or protective pad. Raise footrests and remove if possible. If possible, remove the armrest on the side next to the bed.
19. Place hands underneath belt along the resident's side with palms up; if a belt is not available, place your arms under resident's armpits.
20. Instruct resident to stand on the count of three.
21. Assist resident to stand and support the weak leg with your knee if indicated.
22. Instruct resident to reach with his/her strong hand and grasp for the far armrest of the chair.
23. Assist the resident to pivot toward the strong leg by turning your own body. Do not twist--turn your body as a unit.
24. Gently assist resident to sit by bending your knees and keep back straight.

Steps ending procedure

25. Position the weak arm and leg properly on the armrest and footrest. A pillow may be used to support the weak arm.
26. Secure a restraint to the chair if ordered by the physician and if necessary for resident's safety.
27. Wash your hands.

Transfer Helpless Resident From Bed to Chair

Steps beginning procedure

1-6. See steps 1-6 of procedure for transfer from bed to chair with resident assistance.

Procedure for bed to chair transfer of helpless resident

7. May raise head of bed to bring resident to sitting position.
8. Assist resident to move over in bed to within five or six inches of the edge of the bed.
9. Assist in putting on socks and nonskid shoes; apply transfer belt.

10. Position w/c or g/c or commode on resident's strong side if indicated; if not, position chair as desired.

11. Place chair parallel to or at a 45° angle to the bed.

12. Lock the wheels of the chair.

13. Cover w/c or g/c with bath blanket and/or protective pad. Raise footrests and remove if possible. If possible, remove the armrest on the side next to the bed.

14. Position your body so you are facing the foot of the bed.

15. Put one forearm under resident's shoulders and the other behind the knees.

16. Bend your knees; keep back straight and stand with feet apart about 18 inches.

17. Straighten your hips and knees, while shifting weight from front foot to back foot. At the same time, lift resident's head-neck with one arm while pulling the legs over side of bed with other arm.

18. Allow the resident time for his/her circulation to adjust to being in a sitting position before you proceed.

19. Stand directly in front of the resident; grasp the back of the belt. If a belt is not available, place your arms under the resident's armpits.

20. Support the resident's knees and feet with your knees and feet, either knee-to-knee or your knees on the sides of the resident's knees, whatever is comfortable for you and the resident.

21. Have the resident lean forward while sitting on the edge of the bed.

22. On the count of three, have the resident push up as much as possible while you pull him/her up by straightening your legs and hips and holding onto the belt or under arms of resident.

23. Pivot your entire body as well as the resident's; if the resident is able, have him/her take a few steps to the chair.

24. Lower the resident into the chair by bending at your knees and hips as the resident sits down; if possible, the resident can grasp the arm of the chair to help support his/her weight while sitting down.

Steps ending procedure

25. Adjust footrest for resident; cover with a lap robe.

26. Position pillow(s) to provide proper body alignment and joint support.

27. Make the resident comfortable; place call signal within reach.

28. Wash your hands.

Using a Mechanical Lift

Steps beginning procedure

1-6. See steps 1-6 of procedure for transfer from bed to chair with resident assistance.

NOTE: This procedure will always require two persons to accomplish the transfer safely.

Procedure for using the mechanical lift

7. Position chair next to bed with the back of chair in line with the headboard of the bed.

8. By turning the resident from side to side on the bed, slide the sling under the resident.

NOTE: Make sure the top of the sling is at the crest of the shoulders and the bottom is above the bend of the knees.

9. Wheel the lift into place over the resident with the base beneath the bed and be sure to lock the wheels of the lift.

10. Attach the sling to the mechanical lift with the hooks in place under the metal frame.

NOTE: Be sure to apply hooks with open, sharp ends away from the resident.

11. Have the resident fold both arms across chest, if possible.

12. Using the crank, lift the resident until the buttocks are clear of the bed. Make sure the resident is aligned in the sling and is securely suspended in a sitting position with legs dangling over the bottom of the sling.

13. Another health care assistant should guide the resident's legs over the edge of the bed; release brakes on mechanical lift.

14. Move the lift away from the bed; turn the resident so that he/she faces you while the other assistant guides the resident's body toward the chair by standing behind the resident.

15. Open the support legs of the lift with the control lever; then bring the lift into position so that the resident is over the seat of the chair.

16. Release the control knob slowly so that the resident will gradually be lowered into chair but not be pulled backwards.

17. Remove the hooks from the frame of the lift.

Steps ending procedure

18. Cover resident with lap robe.

19. Secure the resident to the chair with safety restraint if ordered and necessary.

20. Make the resident comfortable; place call signal within reach.

21. Wash your hands.

22. Store lift properly until time to transfer resident again.

SUMMARY AND CONCLUSION:

1. Ask interaction items.

2. Review steps of procedures.

LESSON PLAN: 8

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

INTERACTION ITEMS:

1. If the resident has a weak side, where should you position the w/c or g/c?
2. What safety precautions must you take when transferring a resident from chair to bed?
3. Why is it necessary to allow the resident to sit a minute after changing his/her position from supine to sitting?
4. In which direction should the hooks of the mechanical lift that fit into the sling be turned?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Instructor demonstrates how to transfer a resident from bed to chair and chair to bed, and the use of the mechanical lift.
2. Students practice transferring each other from bed to chair and chair to bed. Also use mechanical lifting device if available.

LESSON PLAN: 8

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

EVALUATION ITEMS: NAME OF STUDENT ____________

TRANSFER ACTIVITIES

EQUIPMENT:

1. Bed
2. Chair or wheelchair
3. Mechanical Lift

DID THE STUDENT	YES	NO
Transfer From Bed to Chair with Resident Assistance		
A. Steps beginning procedure		
1. Wash hands.		
2. Assemble necessary equipment.		
3. Identify and greet resident. Identify self.		
4. Explain procedure to resident.		
5. Provide privacy.		
6. Adjust bed height to low position. Lock brakes of bed.		
B. Procedure for bed to chair transfer with resident assistance		
7. May raise head of bed to bring resident to sitting position.		
8. Assist resident to move over in bed to within five or six inches of the edge of the bed.		
9. HSA's body positioned facing foot of bed.		
10. Put one forearm under resident's shoulders and the other behind the knees.		

	YES	NO
11. Bend knees; keep back straight and stand with feet apart about 18 inches.		
12. Straighten hips and knees while shifting weight from front foot to back foot. At the same time, lift resident's head-neck with one arm while pulling the legs over side of bed with other arm.		
13. Allow the resident time for his/her circulation to adjust to being in a sitting position before proceeding with transfer.		
14. Assist in putting on socks and nonskid shoes; apply transfer belt.		
15. Position w/c or g/c or commode on resident's strong side if indicated; if not, position chair as desired.		
16. Place chair parallel to or at a 45° angle to the bed.		
17. Lock the wheels of the chair.		
18. Cover w/c or g/c with bath blanket and/or protective pad. Raise footrests and remove if possible. If possible remove the armrest on the side next to the bed.		
19. Place hands underneath belt along the resident's side with palms up; if a belt is not available, place arms under resident's armpits.		
20. Instruct resident to stand on the count of three.		
21. Assist resident to stand and support the weak leg with knee if indicated.		
22. Instruct resident to reach with his/her strong hand and grasp for the far armrest of the chair.		
23. Assist the resident to pivot toward the strong leg.		
24. Gently assist resident to sit by bending knees and keeping back straight.		

	YES	NO
C. Steps ending procedure		
25. Position the weak arm and leg properly on the armrest and footrest. A pillow may be used to support the weak arm.		
26. Secure a restraint to the chair if ordered by the doctor and if necessary for resident's safety.		
27. Wash hands.		
Transfer Helpless Resident From Bed to Chair		
A. Steps beginning procedure		
1-6. Complete steps 1-6 of procedure for transfer from bed to chair with resident assistance.		
B. Procedure for bed to chair transfer of helpless resident		
7. May raise head of bed to bring resident to sitting position.		
8. Assist resident to move over in bed to within five or six inches of the edge of the bed.		
9. Assist in putting on socks and nonskid shoes; apply transfer belt.		
10. Position w/c or g/c or commode on resident's strong side if indicated, if not, position chair as desired.		
11. Place chair parallel to or at a 45° angle to the bed.		
12. Lock the wheels of the chair.		
13. Cover w/c or g/c with bath blanket and/or protective pad. Raise footrests and remove if possible. If possible remove the armrest on the side next to the bed.		
14. HSA's body should be positioned facing foot of bed.		
15. Put one forearm under resident's shoulders and the other behind the knees.		

	YES	NO
16. Bend knees; keep back straight and stand with feet apart about 18 inches.		
17. Straighten hips and knees while shifting weight from front foot to back foot. At the same time, lift resident's head-neck with one arm while pulling the legs over side of bed with other arm.		
18. Allow the resident time for his/her circulation to adjust to being in a sitting position before proceeding with the transfer.		
19. Stand directly in front of the resident, grasp the back of the belt. If a belt is not available, place arms under the resident's armpits.		
20. Support the resident's knees and feet.		
21. Have the resident lean forward while sitting on the edge of the bed.		
22. On the count of three, have the resident push up as much as possible while pulling him/her up by straightening legs and hips and holding onto the belt or under arms of resident.		
23. Pivot entire body as well as the resident's; if the resident is able, have him/her take a few steps to the chair.		
24. Lower the resident into the chair by bending at knees and hips as the resident sits down; if possible, the resident can grasp the arm of the chair to help support his/her weight while sitting down.		
C. Steps ending procedure 25. Adjust footrest for resident; cover with a lap robe.		
26. Position pillow(s) to provide proper body alignment and joint support.		
27. Make the resident comfortable; place call signal within reach.		
28. Wash hands.		

	YES	NO
Using a Mechanical Lift A. Steps Beginning Procedure 1-6. Complete steps 1-6 of procedure for transfer from bed to chair with resident assistance.		
B. Procedure for using mechanical lift 7. Secure assistance of another health services assistant.		
8. Position chair next to bed with the back of chair in line with the headboard of the bed.		
9. By turning the resident from side to side on the bed, slide the sling under the resident and position it properly at shoulders and knees.		
10. Wheel the lift into place over the resident with the base beneath the bed and be sure to lock the wheels of the lift.		
11. Attach the sling to the mechanical lift with the hooks in place under the metal frame.		
12. Have the resident fold both arms across chest, if possible.		
13. Using the crank, lift the resident until the buttocks are clear of the bed. Make sure the resident is aligned in the sling and is securely suspended in a sitting position with legs dangling over the bottom of the sling.		
14. One of the assistants should guide the resident's legs over the edge of the bed; release brakes on mechanical lift.		
15. Move the lift away from the bed, turn the resident so that he/she faces one assistant while the other guides the resident's body toward the chair by standing behind the resident.		

		YES	NO
	16. Open the support legs of the lift with the control lever then bring the lift into position so that the resident is over the seat of the chair.		
	17. Release the control knob slowly so that the resident will gradually be lowered into chair but not be pulled backwards.		
	18. Remove the hooks from the frame of the lift.		
C.	Steps ending procedure		
	19. Cover resident with lap robe.		
	20. Secure the resident to the chair with safety restraint if ordered and necessary.		
	21. Make the resident comfortable; place call signal within reach.		
	22. Wash hands.		
	23. Store lift properly until time to transfer resident again.		

The student has satisfactorily completed the procedure "TRANSFER ACTIVITIES" according to the steps outlined.

Instructor's/Charge Personnel's Signature
(Verifying Satisfactory Completion)

Date

LESSON PLAN: 9

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

SCOPE OF UNIT:

This unit discusses the structure and function of the muscular system. Medical terms and definitions pertaining to the muscular system are included. Use of appropriate body mechanics is stressed. Positioning of residents, assisting in ambulation, ROM exercises, transfer techniques, and transporting a patient in a wheelchair are procedures presented in this unit.

INFORMATION TOPIC: VII-9 AND DEMONSTRATION: VII-9

RANGE OF MOTION EXERCISES
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Match terms presented in this lesson to correct definititons.
2. Give range of motion exercises according to the steps of procedure.
3. Identify types of range of motion.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Range of Motion Exercises
2. Trainex filmstrip #399: "Range of Motion Exercises to Prevent Contractures"
3. Hospital bed made up with linens

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. *Being a Nursing Assistant*. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 422-427.

REFERENCES:

Fouts, Janet and Lynn Mullen. *Nursing Assistant Training Manual*. Beaverton, OR: Medi Form Printers and Publishers, Inc., 1984, pp. 111-114.

Johnson-Pawlson, Jean and Marsha Goodwin. *How To Be A Nurse's Aide in a Nursing Home*. Washington, DC: American Health Care Association, 1985, pp. 174-178.

McClelland, Sharon and Geraldine Kaspar. *A Clinical Manual for Nursing Assistants*. Monterey, CA: Wadsworth Health Sciences Division, 1985, pp. 76-80.

Schniedman, Rose and Susan Lambert. *Being a Nursing Assistant*. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 422-427.

INTRODUCTION:

Range of motion exercises are given to move the joints of the body through their normal movements. These exercises are given to prevent stiffness, deformities, and to maintain muscle strength. When doing these exercises, work slowly and smoothly; don't exercise a joint past the point of pain/resistance. Always support an extremity at the joint by cupping with your hand. Never grasp the muscle as this can be painful. Encourage the resident to do as much as possible. Do the exercises as many times as instructed by the charge nurse. In addition to the physical advantages, residents often express appreciation for the relaxing effects that result from range of motion exercises. The following procedure covers a logical sequence so that each joint and muscle is exercised.

LESSON PLAN: 9

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

I. Terms and Definitions

  A. Abduction - movement away from the center of the body

  B. Adduction - movement toward the center of the body

  C. Extension - to straighten

  D. External - to turn out away from center

  E. Flexion - to bend

  F. Hyperextension - excessive straightening

  G. Internal - to move in toward center

  H. Lateral - movement to the side

  I. Pronation - to bend downward

  J. Rotation - to move a joint in a circular motion

  K. Supination - to bend upward

II. Types of Range of Motion (ROM)

  A. Active ROM - performed by resident

  B. Passive ROM - another person performs ROM for the resident

  C. Active-assisted ROM - resident performs ROM with some assistance from another person

III. Steps of Procedure for Range of Motion Exercises

A. Steps beginning procedure

1. Wash your hands.
2. Identify and greet resident. Identify self.
3. Explain what you are going to do.
4. Provide privacy—make sure resident is wearing adequate clothing.
5. Raise bed to a comfortable working height.
6. Assist resident into supine position.

B. Procedures for range of motion exercises (HO 1).

7. Neck
   - a. Flexion/extension
     - 1. Supporting head with hands, bend head forward, trying to touch the chest with the chin.
     - 2. Bring head back to pillow.

     NOTE: Hyperextension is not possible with resident in supine position
   - b. Right and left rotation - turn head from side to side.
8. Shoulders
   - a. Flexion/extension
     - 1. Supporting the arm at the wrist and elbow, lift the arm toward the ceiling; continue lifting over the resident's head until you feel resistance.
     - 2. Slowly lower the arm to the resident's side.
   - b. Abduction/adduction
     - 1. Supporting the arm at the elbow and shoulder, move the arm out to the side; continue moving toward resident's head.
     - 2. Slowly move the arm back toward the center of body.
   - c. Internal/external rotation
     - 1. Move the arm away from the body to shoulder level.

        2. Bring the hand forward to touch the bed and then backward to touch the bed.

9. Elbow

    a. Flexion/extension

        1. Bend the arm at the elbow and touch the shoulder; then straighten the arm.

        2. Bend the arm at the elbow and touch the chin; then straighten the arm.

    b. Pronation/supination

        1. Hold the resident's hand in a handshake position; support the arm at the elbow joint.

        2. Turn palm of the hand toward floor and then away from the floor.

10. Wrist

    a. Flexion/extension/hyperextension - support arm and hand; bend the wrist forward, straighten, and then bend wrist backward.

    b. Abduction/adduction - move the hand from side to side at the wrist.

11. Fingers

    a. Flexion/extension - support the hand at the wrist; make sure that the thumb is on top of the fingers. Instruct resident to make a clenched fist and then relax it.

    b. Abduction/adduction - move each finger away from the nearest finger and then return it.

    c. Thumb opposition - bend the little finger toward inner hand and stretch the thumb toward the little finger and move it to the base of the little finger and back.

    d. Thumb rotation - move the thumb in a circle one direction and then the other direction.

12. Hip and knee

    a. Flexion/extension

        1. Support the leg at the knee and ankle joints; keep the knee straight; raise and lower the leg.

        2. Bend the knee and move toward the chest; slowly straighten the knee.

    b. Abduction/adduction

        1. Move the leg straight out to the side of the body until you feel resistance.

        2. Slowly move the leg back toward the center of the body.

    c. Internal/external/rotation - support the knee and ankle joints; move the ankle in toward the opposite leg and then outward.

13. Ankle

    a. Inversion/eversion - supporting the foot at the ankle joint, turn the foot toward the opposite foot and then away from the opposite foot.

    b. Dorsiflexion/plantarflexion - bend the foot up toward the knee, then down toward the floor.

14. Toes

    a. Flexion/extension - bend and then straighten the toes.

    b. Abduction/adduction - move each toe toward the next toe and then away from the next toe.

C. Steps ending procedure

15. Lower bed to a position of safety; raise side rails where ordered.

16. Make the resident comfortable; place call signal within reach.

17. Wash your hands.

II. Summary and Conclusion

A. Terms and definitions

B. Discuss interaction items.

C. Review steps of procedure.

LESSON PLAN: 9

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

INTERACTION ITEMS:

1. What kind of conditions will range of motion exercises prevent?
2. If a resident complains of unusual pain/discomfort, what should you do?
3. What order should you follow when exercising the resident?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Show filmstrip.
2. Instructor demonstrates range of motion exercises.
3. Students practice range of motion exercises on each other.

LESSON PLAN: 9

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

EVALUATION ITEMS:

Match the following terms to the correct definition by writing the letter in the blank.

___ 1. Supination
___ 2. Internal
___ 3. Lateral
___ 4. Hyperextension
___ 5. Abduction
___ 6. Extension
___ 7. External
___ 8. Pronation
___ 9. Rotation
___10. Adduction
___11. Flexion

a. To turn out away from center
b. Away from the center
c. Extensive straightening
d. To bend
e. To straighten
f. To the side
g. To move in toward center
h. To bend downward
i. Toward the center of the body
j. To bend upward
k. To move a joint in a circular motion

Identify the following types of range of motion by writing the letter in the blank.

___12. Active-assisted ROM
___13. Active ROM
___14. Passive ROM

a. Another person performs ROM for the resident
b. Performed by the resident
c. Resident performs ROM with some help from another person

LESSON PLAN: 9

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

EVALUATION ITEMS:

NAME OF STUDENT: ____________________

RANGE OF MOTION EXERCISES

EQUIPMENT:

1. Hospital bed made up with linens

DID THE STUDENT	YES	NO
A. Steps beginning procedure 1. Wash hands.		
2. Identify and greet resident. Identify self.		
3. Explain what he/she is going to do.		
4. Provide privacy—make sure resident is wearing adequate clothing.		
5. Raise bed to a comfortable working height.		
6. Assist resident into supine position.		
B. Procedures for range of motion exercises 7. Neck a. Flexion/extension 1. Supporting head with hands, bend head forward trying to touch the chest with the chin.		
2. Bring head back to pillow.		
b. Right and left rotation - turn head from side to side.		

	YES	NO
8. Shoulders a. Flexion/extension 1. Supporting the arm at the wrist and elbow, lift the arm toward the ceiling; continue lifting over the resident's head until resistance is felt.		
2. Slowly lower the arm to the resident's side.		
b. Abduction/adduction 1. Supporting the arm at the elbow and shoulder, move the arm out to the side; continue moving toward resident's head.		
2. Slowly move the arm back toward the center of body.		
c. Internal/external rotation 1. Move the arm away from the body to shoulder level.		
2. Bring the hand forward to touch the bed and then backward to touch the bed.		
9. Elbow a. Flexion/extension 1. Bend the arm at the elbow and touch the shoulder; then straighten the arm.		
2. Bend the arm at the elbow and touch the chin; then straighten the arm.		
b. Pronation/supination 1. Hold the resident's hand in a handshake position; support the arm at the elbow joint.		
2. Turn palm of the hand toward floor and then away from the floor.		

	YES	NO
10. Wrist a. Flexion/extension/hyperextension - support arm and hand; bend the wrist forward; straighten and then bend it backward.		
b. Abduction/adduction - move the hand from side to side at the wrist.		
11. Fingers a. Flexion/extension - support the hand at the wrist; make sure that the thumb is on top of the fingers. Instruct resident to make a clenched fist and then relax it.		
b. Abduction/adduction - move each finger away from the nearest finger and then return it.		
c. Thumb opposition - bend the little finger toward inner hand and stretch the thumb toward the little finger and move it to the base of the little finger and back.		
d. Thumb rotation - move the thumb in a circle one direction and then the other direction.		
12. Hip and knee a. Flexion/extension 1. Support the leg at the knee and ankle joints; keep the knee straight; raise and lower the leg.		
2. Bend the knee and move toward the chest; slowly straighten the knee.		
b. Abduction/adduction 1. Move the leg straight out to the side of the body until resistance is felt.		
2. Slowly move the leg back toward the center of the body.		

	YES	NO
c. Internal/external/rotation - support the knee and ankle joints; move the ankle in toward the opposite leg and then outward.		
13. Ankle a. Inversion/eversion - supporting the foot at the ankle joint, turn the foot toward the opposite foot and then away from the opposite foot.		
b. Dorsiflexion/plantarflexion - bend the foot up toward the knee;then down toward the floor.		
14. Toes a. Flexion/extension - bend and then straighten the toes.		
b. Abduction/adduction - move each toe toward the next toe and then away from the next toe.		
C. Steps ending procedure 15. Lower bed to a position of safety; raise side rails where ordered.		
16. Make the resident comfortable; place call signal within reach.		
17. Wash hands.		

The student has satisfactorily completed the procedure "RANGE OF MOTION" exercises according to the steps outlined.

Instructor's/Charge Personnel's Signature
(Verifying Satisfactory Completion)

Date

LESSON PLAN: 9

COURSE TITLE: HEALTH SERVICES ASSISTANT

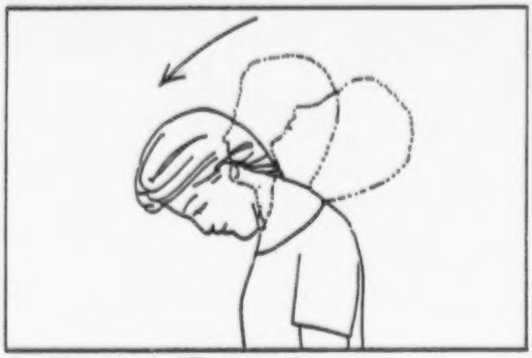
UNIT VII : RECOGNIZING CONCEPTS OF THE MUSCULAR SYSTEM

ANSWERS TO EVALUATION ITEMS:

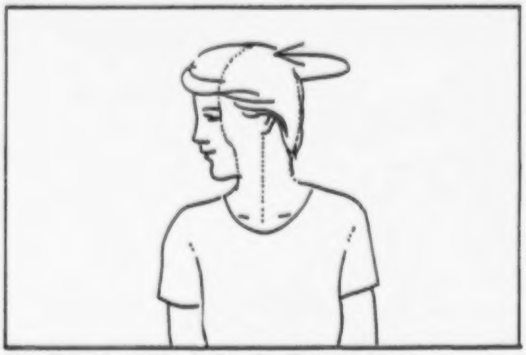
1. j
2. g
3. f
4. c
5. b
6. e
7. a
8. h
9. k
10. i
11. d
12. c
13. b
14. a

Range of Motion Exercises

NECK

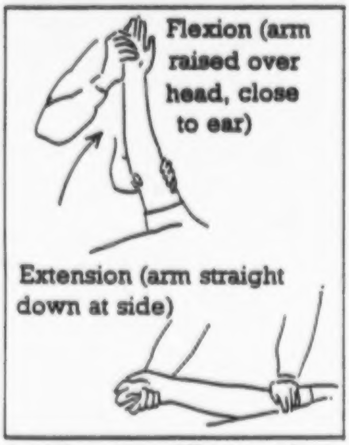


1. Flexion/Extension

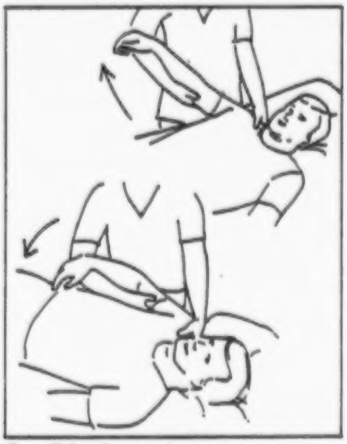


2. Right and Left Rotation

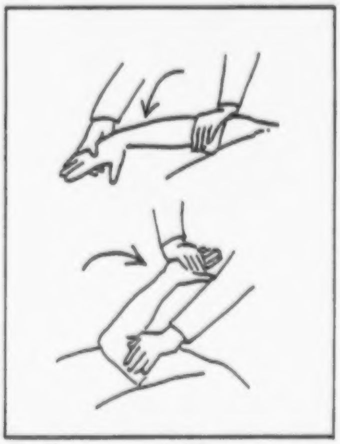
SHOULDERS


Flexion (arm raised over head, close to ear)
Extension (arm straight down at side)

1. Flexion/Extension

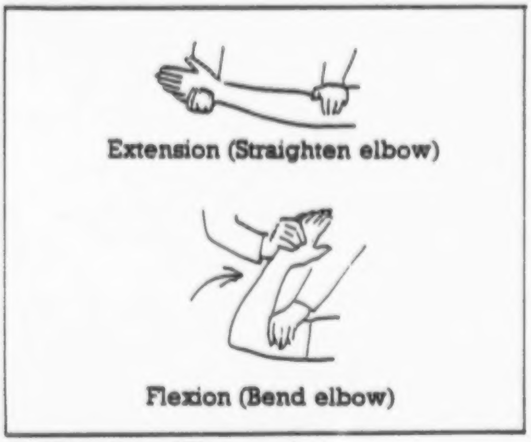


2. Abduction/ Adduction

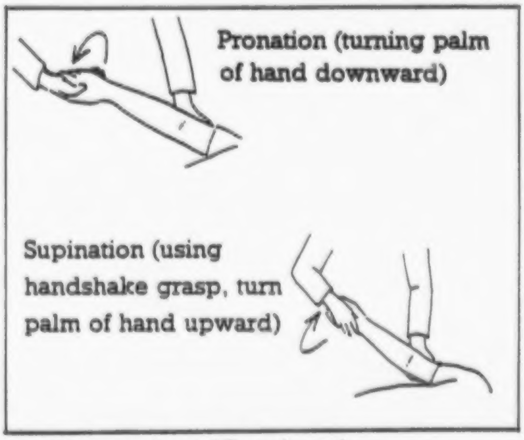


3. Internal/External Rotation

ELBOW

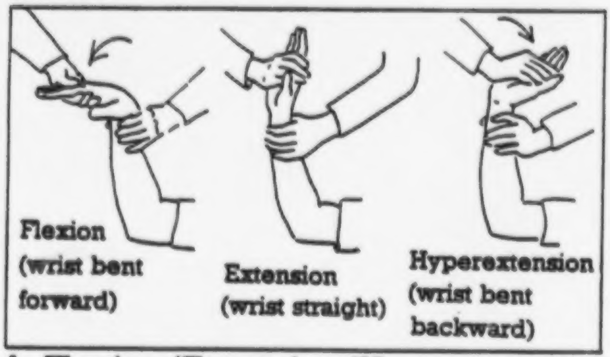

Extension (Straighten elbow)
Flexion (Bend elbow)

1. Flexion/Extension

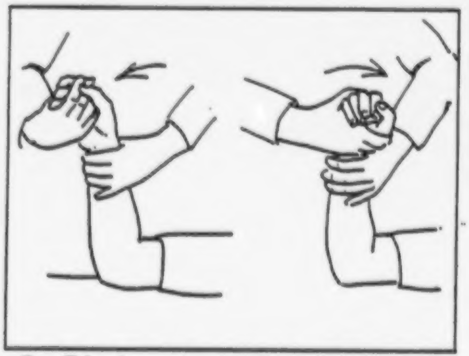

Pronation (turning palm of hand downward)
Supination (using handshake grasp, turn palm of hand upward)

2. Pronation/Supination

WRIST

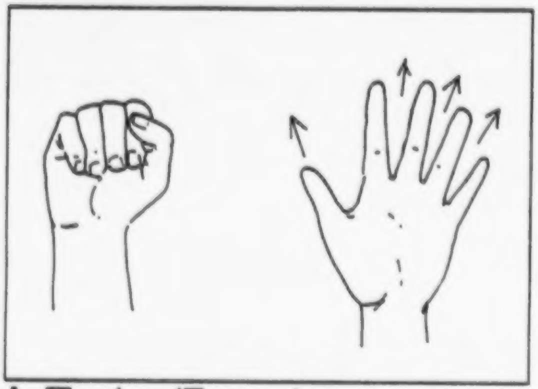

Flexion
(wrist bent
forward)
Extension
(wrist straight)
Hyperextension
(wrist bent
backward)

1. Flexion/Extension/Hyperextension

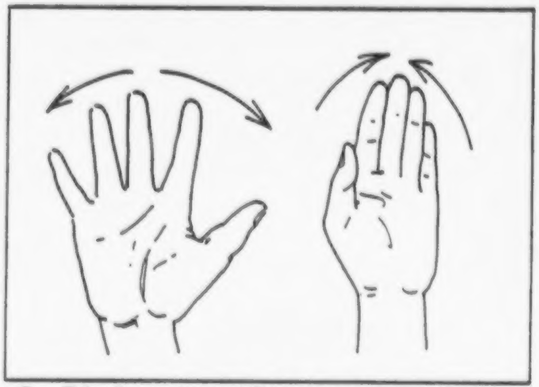


2. Abduction/Adduction

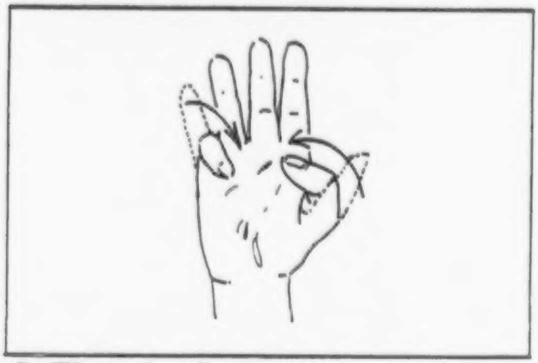
FINGERS



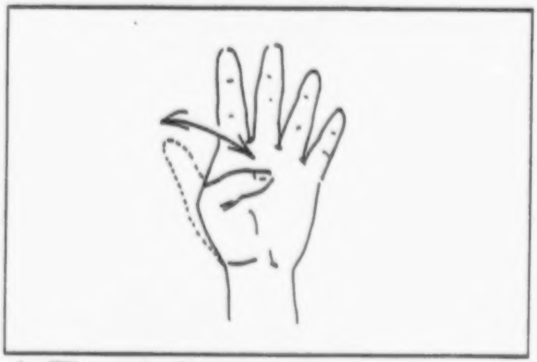
1. Flexion/Extension



2. Abduction/Adduction

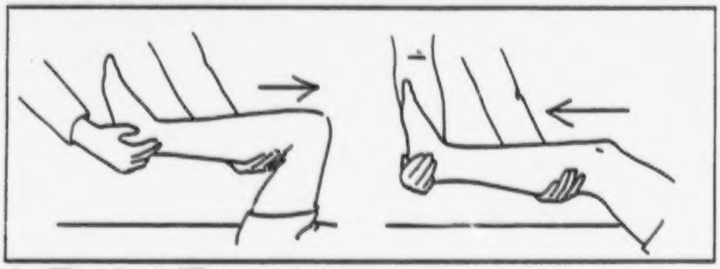


3. Thumb Opposition

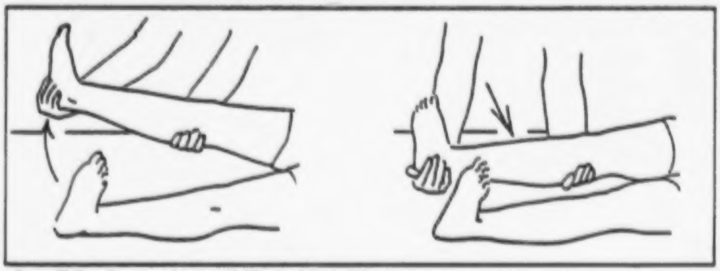


4. Thumb Rotation

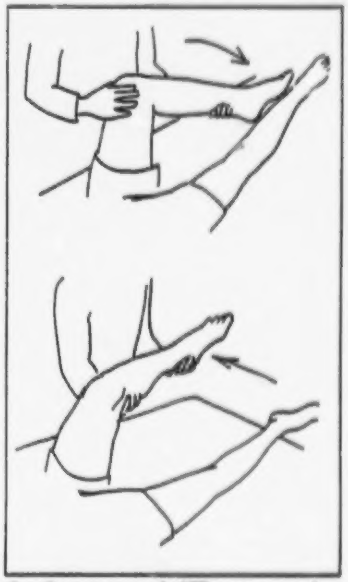
HIPS AND KNEE



1. Flexion/Extension

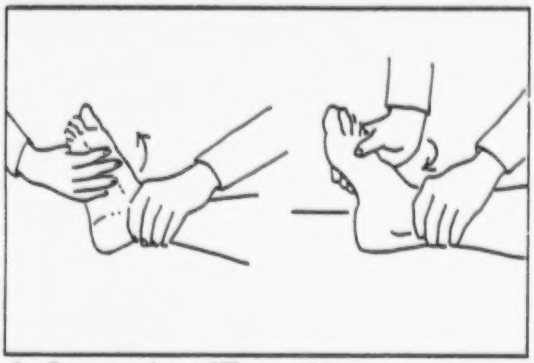


2. Abduction/Adduction

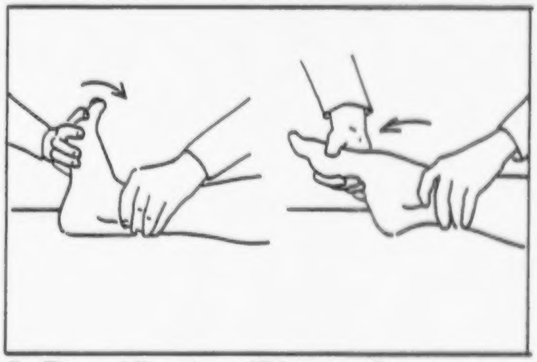


3. Internal/External Rotation

ANKLE

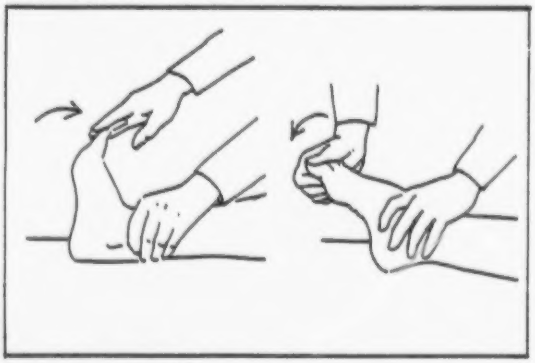


1. Inversion/Eversion

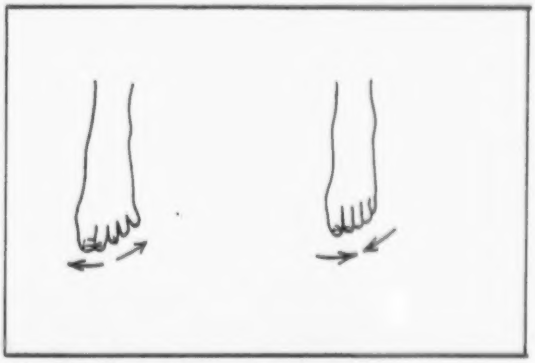


2. Dorsiflexion/Plantarflexion

TOES



1. Flexion/Extention



2. Abduction/Adduction

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

SCOPE OF UNIT:

Aspects of the structure and function of the skin and its appendages will be presented in this unit. Medical terminology associated with the skin is included. This unit includes the following care of the resident: occupied bed making, complete and partial bed bath, tub and shower bath, perineal care, hair care, shaving the resident, nail care, skin care, dressing and undressing, warm and cold applications, and decubitus care.

INFORMATION TOPIC: VIII-1 OR DEMONSTRATION:

SKIN SYSTEM
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Label the various structures of the skin.
2. List five functions of the skin.
3. Explain how the skin regulates body temperature.
4. Match the appendages of the skin with their function.

*5. Identify and define medical terms pertaining to the skin system.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Skin Section

*2. HO 2: Skin System Medical Terms and Definitions

3. American Cancer Society film: "Sense in the Sun"
4. Anatomy charts
5. State Fair Community College Media Center slide/tape #250: "The Integumentary System"

*This objective and HO 2 are optional. The use of this material is left to the instructor's discretion.

INFORMATIONAL ASSIGNMENT:

Rosdahl, Caroline Bunker. Basic Nursing. 4th ed. Philadelphia: J.B. Lippincott, 1985.

Schneidman, Rose and Susan Lambert. Being A Nursing Assistant. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986.

REFERENCES:

Memmler, Ruth L. and Dena L. Wood. Structure and Function of the Human Body. Philadelphia: J.B. Lippincott Co., 1977.

Schwartz, Estelle and Lillian Potter. Foundations of Patient Care. Philadelphia: J.B. Lippincott Co., 1981.

Thomas, Virginia. Life Sciences for Nursing and Health Technologies. 4th ed. Huntington Beach, CA: Technicourse, Inc., 1982.

INTRODUCTION:

The skin, due to the large area it covers, is the largest organ in the body. Understanding the skin and knowing proper skin care will enable us to give better resident care.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

OUTLINE: (Key Points)

I. Structure of the Skin (HO 1)

   A. Epidermis - outer layer

   B. Dermis - lower layer

   C. Subcutaneous fat (II-1)

   D. Blood vessels

   E. Hair follicle and shaft

   F. Sweat glands and ducts

   G. Nerve endings

II. Functions of the Skin (II-2)

   A. Protection - epidermal cells contain melanin, a brownish-black pigment

   B. Environmental adjuster - sense organ receptors reveal changes in environment which could be harmful if not detected

   C. Manufactures vitamin D - must have sunshine

   D. Regulates body temperature by controlling heat loss

      1. To lose heat (cool)

         a. Blood vessels dilate, bringing heat to skin.

         b. Skin temperature rises, so more heat is lost to cooler environment.

         c. Sweat is released to cool by evaporation.

      2. To conserve heat (warm)

         a. Sweating stops.

         b. Blood vessels constrict.

         c. Skin temperature falls.

E. Excretion of wastes

III. Appendages of the Skin

A. Glands (II-3)

1. Sudoriferous - produce sweat

2. Sebaceous - produce oil

3. Ceruminous - produce ear wax

B. Hair - protection; covers entire body except palms of hands and soles of feet (II-4)

C. Nails - protection to nerve endings in fingers and toes; contain keratin, a protein substance that makes nails stiff

IV. Summary and Conclusion

A. Structure of the skin

B. Function of the skin

C. Appendages of the skin

Good care of the skin and its appendages is as important to your appearance and well-being as it is to those you care for in the health care facility.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

INTERACTION ITEMS:

1. What are the three layers of the skin?
2. What are the five functions of the skin?
3. What are the functions of the sudoriferous, sebaceous, and ceruminous glands?
4. What are the other appendages of the skin?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Cosmetologist or dermatologist to speak about skin and hair care.
2. Examine a specimen of skin, hair, and nails under the microscope and compare the structure with a model or drawing of the skin.

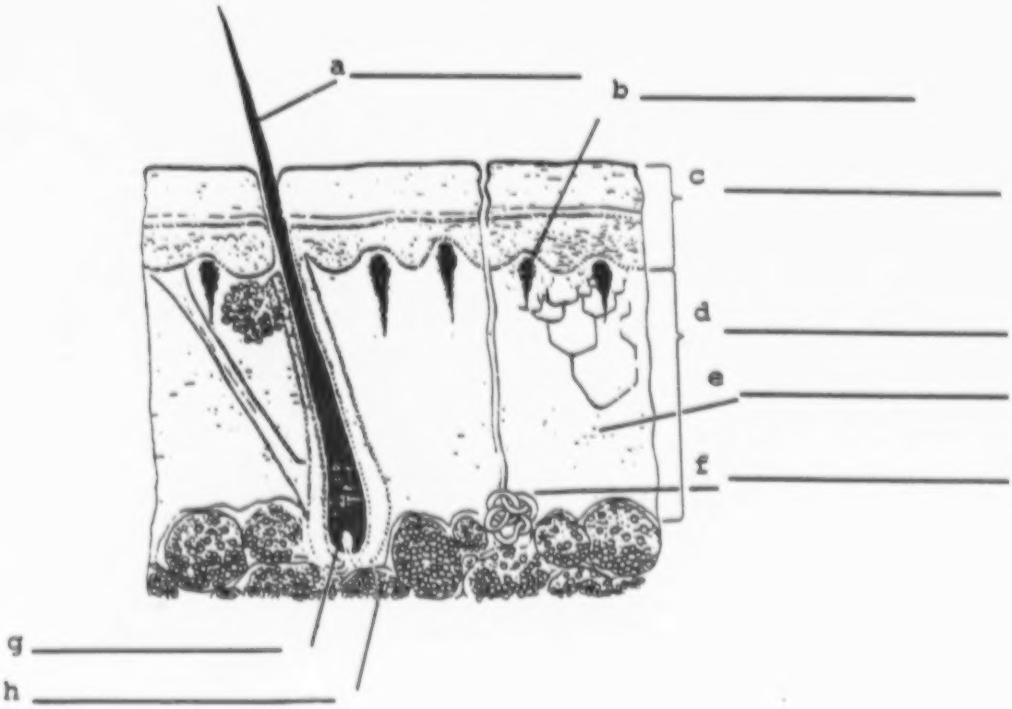
LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

EVALUATION ITEMS:

1. Label the structures of the skin indicated on the diagram.



2. The five functions of the skin are:

a.

b.

c.

d.

e.

3. Explain how the skin regulates body temperature.

4. Match the terms related to skin appendages on the right with the definitions on the left.

____a. Protects the body but is not found on the palms of hands and soles of feet

____b. Protects nerve endings in toes

____c. Produces sweat

____d. Produces oil

____e. Produces wax

1. Ceruminous glands

2. Hair

3. Nails

4. Sebaceous glands

5. Sudoriferous glands

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

ANSWERS TO EVALUATION ITEMS:

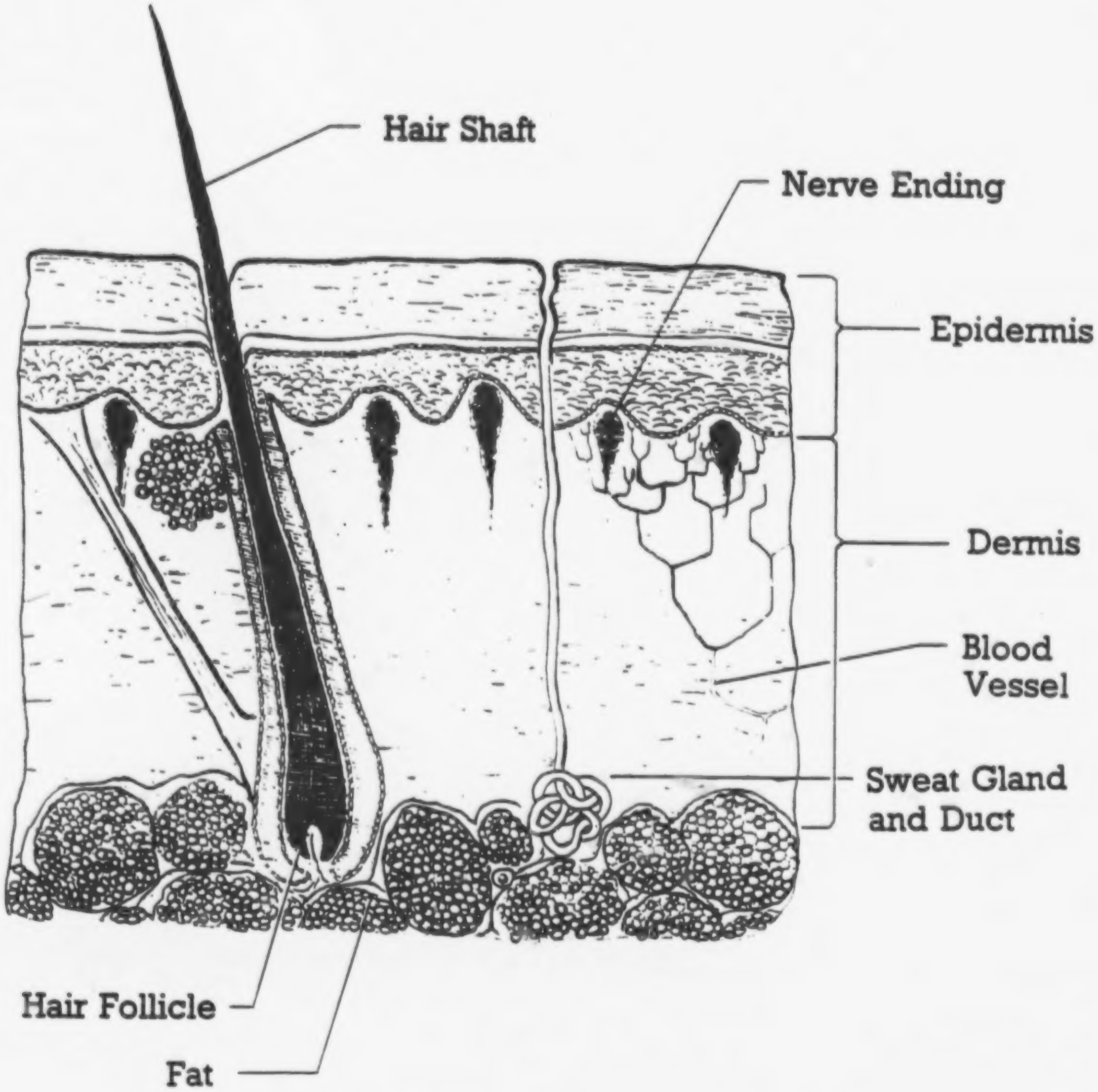
1. a. Hair shaft
   b. Nerve ending
   c. Epidermis
   d. Dermis
   e. Blood vessel
   f. Sweat gland
   g. Fat
   h. Hair follicle

2. a. Protection
   b. Environmental adjuster
   c. Manufactures vitamin D
   d. Regulate body temperature
   e. Excretion

3. a. To lose heat (cool)
      1. Blood vessels dilate, bringing heat to skin
      2. Skin temperature rises, so more heat is lost to cooler environment
      3. Sweat is released to cool by evaporation
   b. To conserve heat (warm)
      1. Sweating stops
      2. Blood vessels contract
      3. Skin temperature falls

4. a. 2
   b. 3
   c. 5
   d. 4
   e. 1

Skin Section


Hair Shaft
Nerve Ending
Epidermis
Dermis
Blood Vessel
Sweat Gland and Duct
Hair Follicle
Fat

MAJOR ORGAN: SKIN

HD 2

Skin System Medical Terms and Definitions

Dermal (der'mal) - of or pertaining to the skin

Dermatitis (der'mah-ti'tis) - inflammation of the skin

Dermatologist (der'mah-tol'o-jist) - specialist in the diagnosis and treatment of skin diseases

Dermatosis (der'mah-to'sis) - any generalized skin disease

Dermomycosis (der'mo-mi-ko'sis) - any fungus disease of the skin

Onychophagia (on'i-ko-fa'je-ah) - habitual biting of the nails

Onychorrhexis (on'i-ko-rek'sis) - splitting or breaking of the nails

Onychosis (on'i-ko'sis) - a disease of the nails

Sarcoblast (sar'ko-blast) - primitive or immature cell which develops into connective tissue

Sarcoid (sar'koid) - like or resembling flesh

Sarcolysis (sar-kil'i-sis) - destruction or dissolution of flesh

Sarcoma (sar-ko'mah) - tumor of fleshy or connective tissue

Trichalgia (tri-kal'je-ah) - pain when the hair is touched

Trichomycosis (trik'o-mi-ko'sis) - fungus infection of the hair

Trichopathy (tri-kop'ah-the) - a disease of the hair

Trichoschisis (tri-kos'ki-sis) - splitting of the hair

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

SCOPE OF UNIT:

Aspects of the structure and function of the skin and its appendages will be presented in this unit. Medical terminology associated with the skin is included. This unit includes the following care of the resident: occupied bed making, complete and partial bed bath, tub and shower bath, perineal care, hair care, shaving the resident, nail care, skin care, dressing and undressing, warm and cold applications, and decubitus care.

INFORMATION TOPIC: VIII-2 AND DEMONSTRATION: VIII-2

BED BATH
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. **List four purposes of bathing.**
2. **Describe the difference between a complete bed bath and a partial bed bath.**
3. **Recognize five specific measures related to bathing.**
4. **Demonstrate performing a complete bed bath according to the steps of procedure.**

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Bath Mitten
2. HO 2: Soaking the Foot
3. Trainex filmstrip #369: "Bed Bath"
4. TLC filmstrip: "How to Give Your Patient a Bed Bath"
5. Bath basin
6. Soap and soap dish
7. Bath towels (2)

8. Face towel
9. Deodorant
10. Washcloths (2)
11. Bath blanket
12. Lotion
13. Powder (optional)
14. Laundry bag/linen hamper
15. Clean bed linen
16. Gown or pajamas
17. Equipment for oral hygiene
18. Equipment for shaving
19. Equipment for hair care
20. Equipment for nail care
21. Resident's toiletries, cosmetics

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 135-141.

REFERENCES:

Johnson-Pawlson, Jean and Marsha Goodwin. How to Be a Nurse's Aide in a Nursing Home. Washington, D.C.: American Health Care Association, 1985, pp. 124-126.

McClelland, Sharon and Geraldine Kaspar. A Clinical Manual for Nursing Assistants. Monterey, CA: Wadsworth Health Sciences Division, 1985, pp. 118-120.

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 135-141.

Sorrentino, Sheila A. Mosby's Textbook for Nursing Assistants. St. Louis: The C.V. Mosby Co., 1984, pp. 214-220.

INTRODUCTION:

A bed bath is given to any resident unable to get out of bed for whatever reasons. During the bed bath other personal care procedures are also performed, as well as changing of the bed linens. This type of bath gives the health services assistant a great opportunity for head-to-toe observation, as well as ample time to communicate with the resident. It is also a good time to identify any concerns or needs of the resident that may be unnoticed during the usual hustle and bustle of the day. The health services assistant should be aware that the resident may feel frustrated and embarrassed with having to depend on someone else for a very personal activity. Treat the resident with dignity and respect.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

OUTLINE: (Key Points)

I. Key Points of Bathing

   A. A clean body is necessary for one to feel good about oneself.

   B. Purposes of bathing

      1. Promotes cleanliness and comfort

      2. Stimulates circulation

      3. Relaxes the resident

      4. Provides HSA with opportunity to observe the condition of the resident's body

   C. A resident should be bathed at the following times:

      1. Any time he/she is incontinent, provide a partial bath as needed.

      2. If the resident is continent and without odor problems, bathe at least twice a week.

   D. A complete bed bath involves washing the entire body.

   E. A partial bed bath involves cleansing of specific area of the body.

      1. Face

      2. Hands

      3. Underarms

      4. Genital area

II. Specific Measures Related to Bathing

   A. Offer the bedpan/urinal before starting the bath procedure because warm water can stimulate the urge to urinate.

   B. Use a washcloth mitten to avoid dangling ends which allow water to drip onto the resident. (HO 1)

C. Change water when it becomes soapy, cold, or dirty. Clean, fresh water is necessary to clean the resident.

D. Do not leave soap in water. Use a soap dish or washcloth to prevent the bath water from becoming too soapy.

E. Rinse all soap from skin, to prevent drying of the skin.

F. Washing the farthest extremity first prevents dripping water across the part you have already cleaned.

G. Place the hands and feet in a basin of water (if resident is able). This is relaxing, makes the resident feel cleaner, and helps to soften the nails. Nail care may be done at this time. (HO 2)

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

III. Steps of Procedure for a Bed Bath

A. Steps beginning procedure

1. Wash your hands.
2. Arrange necessary equipment (laundry bag next to bed and put lotion in warm water).
3. Identify and greet resident. Identify self.
4. Explain what you are going to do.
5. Provide privacy.
6. Assist with oral hygiene and shaving (if applicable).
7. Offer bedpan/urinal; then empty, clean, and put it away.
8. Wash your hands.

B. Bed bath procedure

9. Place resident in supine position near the side of the bed nearest you, if tolerated.
10. Untuck bed linens.
11. Remove bedspread and blanket; fold and place on chair if reusing, otherwise place in laundry bag.
12. Cover top sheet with bath blanket. Ask resident to hold bath blanket in place; if unable, tuck under resident's shoulders.
13. Remove top sheet without disturbing bath blanket and place in laundry bag.
14. Remove resident's gown or pajamas.
15. Fill bath basins 2/3 full of warm water (115°).
16. Place face towel across resident's chest.

17. Make mitten of washcloth (HO 1) and wet with water; squeeze out excess.

18. Wash eyes first. Start at inner corner and work out. Use different area of mitten for each eye.

19. Wash face, rinse, and dry.

20. Wash, rinse, and dry ears and then neck.

21. Expose arm farthest from you; place bath towel under arm up to axilla.

22. If resident is able, place basin of water on bed and immerse resident's hand in water and wash.

23. Wash and rinse shoulder, axilla and arm farthest away.

24. Remove basin and dry arm and shoulder.

25. Repeat steps 21-24 with arm closest to you.

26. May do fingernail care at this point.

27. Place towel across chest and fold bath blanket to waist.

28. Wash and rinse chest and breast of female while lifting towel.

29. Dry skin thoroughly.

NOTE: If the resident is female, apply a thin layer of powder into the palm of your hand and pat on skin under the breast.

30. Fold bath blanket to pubic area; keep chest covered with towel.

31. Wash, rinse and dry abdomen. Remove towel and cover with bath blanket.

32. Change bath water in basins.

33. Expose the farthest leg; flex (bend) leg and place bath towel lengthwise under the leg up to the buttocks.

34. Place basin on towel and put foot into it, if applicable. (HO 2)

NOTE: Support leg at knee joint with your hand.

35. Wash and rinse leg and foot.

36. Remove basin of water and dry leg and foot.

NOTE: Dry thoroughly between toes.

37. Repeat steps 33-36 on closer leg; cover resident with bath blanket.

38. May do toenail care at this point.

39. Place towel and washcloth in laundry bag and get clean ones.

40. Change bath water in basins.

41. Ask or assist resident to turn on side with back facing you.

42. Fold bath blanket over resident's side to expose back and buttocks; place towel parallel to resident's back.

43. Wash, rinse and dry back and buttocks.

44. Give back rub using warmed lotion.

NOTE: Provide special attention to bony areas.

45. Remove towel and turn resident to back; place towel under buttocks.

46. If resident is able, provide washcloth, soap, and towel and instruct him/her to wash and dry peri area.

47. If resident is unable, wash peri area from front to back.

NOTE: Use disposable gloves if infection is present or resident is heavily soiled.

48. Wash hands, and if resident did own peri care, provide fresh water for resident to wash hands.

49. Apply lotion and deodorant.

50. Put a clean gown or pajamas on resident without exposing him/her.

51. Comb hair; apply cosmetics if applicable.

C. Steps ending procedure

52. Remove, clean, and store equipment.

53. Wash your hands.

54. Make the resident comfortable; place call signal within reach.

55. Record observations.

NOTE: Report anything unusual to charge nurse.

IV. Summary and Conclusion

- A. Key points of bathing
- B. Specific measures related to bathing
- C. Ask interaction items.
- D. Review steps of procedure.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

INTERACTION ITEMS:

1. How does the HSA prevent exposure of the resident during the bath procedure?
2. What can be used if no soap dish is available?
3. When should you change the bath water?
4. Why do you wash the farthest extremity first?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Show filmstrips.
2. Instructor demonstrates bed bath procedure.
3. Students practice bed bath procedure.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

EVALUATION ITEMS:

1. List the four purposes of bathing a resident.

   a.

   b.

   c.

   d.

2. Explain the difference between a complete bed bath and a partial bed bath.

For each of the following, write "T" if the statement is true, or "F" if it is false.

____ 3. Warm water applied to the skin during a bath can make a resident feel like he/she has to urinate.

____ 4. A washcloth mitten is used as a restraint for the resident's hand during a bed bath.

____ 5. Soap left on the skin has a moisturizing effect.

____ 6. Washing the farthest extremity first prevents dripping water across the part you have already cleaned.

____ 7. Soaking the hands and feet in the basin of water is relaxing to the resident as well as making him/her feel cleaner.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

EVALUATION ITEMS: NAME OF STUDENT:________________

BED BATH

EQUIPMENT:

1. Bath basin
2. Soap and soap dish
3. Bath towels (2)
4. Face towel
5. Washcloths (2)
6. Bath blanket
7. Lotion
8. Deodorant
9. Powder (optional)
10. Laundry bag/linen hamper
11. Clean bed linen
12. Gown or pajamas
13. Equipment for oral hygiene
14. Equipment for shaving
15. Equipment for hair care
16. Equipment for nail care
17. Resident's toiletries, makeup

DID THE STUDENT	YES	NO
A. Steps beginning procedure		
1. Wash hands.		
2. Arrange necessary equipment.		
3. Identify and greet resident. Identify self.		
4. Explain procedure to resident.		
5. Provide privacy.		
6. Assist with oral hygiene and shaving (if applicable).		
7. Offer bedpan/urinal; then empty, clean, and put it away.		
8. Wash hands.		
B. Bed bath procedure		
9. Place resident in supine position near the side of the bed nearest him/her, if tolerated.		

	YES	NO
10. Untuck bed linens.		
11. Remove bedspread and blanket; fold and place on chair if reusing; otherwise place in laundry bag.		
12. Cover top sheet with bath blanket. Ask resident to hold bath blanket in place; if unable, tuck under resident's shoulders.		
13. Remove top sheet without disturbing bath blanket; place in laundry bag.		
14. Remove resident's gown or pajamas.		
15. Fill bath basins 2/3 full of warm water (115°).		
16. Place face towel across resident's chest.		
17. Make mitten of washcloth and wet with water; squeeze out excess.		
18. Wash eyes first. Start at inner corner and work out. Use different area of mitten for each eye.		
19. Wash face, rinse, and dry. Determine if resident wants soap to be used.		
20. Wash, rinse, and dry ears and then neck.		
21. Expose farthest arm. Place bath towel under arm up to axilla.		
22. If resident is able, place basin of water on bed and immerse resident's hand in water and wash.		
23. Wash and rinse shoulder, axilla, and arm farthest away.		
24. Remove basin and dry arm and shoulder.		
25. Repeat steps 21-24 with closest arm.		
26. Perform fingernail care.		
27. Place towel across chest and fold bath blanket to waist.		

	YES	NO
28. Wash and rinse chest and breast of female while lifting towel.		
29. Dry skin thoroughly. Apply powder to female resident.		
30. Fold bath blanket to pubic area; keep chest covered with towel.		
31. Wash, rinse, and dry abdomen. Remove towel and cover with bath blanket.		
32. Change bath water in basins.		
33. Expose the farthest leg; flex (bend) leg and place bath towel lengthwise under the leg up to the buttocks.		
34. Place basin on towel and put foot into it, if applicable. Support leg at knee joint with hand.		
35. Wash and rinse leg and foot.		
36. Remove basin of water and dry leg, foot, and between toes.		
37. Repeat steps 33-36 on closer leg. Cover resident with bath blanket.		
38. Perform toenail care.		
39. Place towel and washcloth in laundry bag and get clean ones.		
40. Change bath water in basins.		
41. Ask or assist resident to turn on side with back facing him/her.		
42. Fold bath blanket over resident's side to expose back and buttocks; place towel parallel to resident's back.		
43. Wash, rinse, and dry back and buttocks.		
44. Give back rub using warmed lotion, paying special attention to bony areas.		
45. Remove towel and turn resident to back; place towel under buttocks.		

	YES	NO
46. If resident is able, provide washcloth, soap, and towel and instruct him/her to wash and dry peri area.		
47. If resident is unable, wash peri area from front to back, using gloves if indicated.		
48. Wash hands, and if resident did own peri care, provide fresh water for resident to wash hands.		
49. Apply lotion and deodorant.		
50. Put a clean gown or pajamas on resident without exposing him/her.		
51. Comb hair; apply cosmetics if applicable.		
C. Steps ending procedure 52. Remove, clean, and store equipment.		
53. Wash hands.		
54. Make the resident comfortable; place call signal within reach.		
55. Record observations, reporting anything unusual to charge nurse.		

The student has satisfactorily completed the procedure "BED BATH" according to the steps outlined.

Instructor's/Charge Personnel's Signature
(Verifying Satisfactory Completion)

Date

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

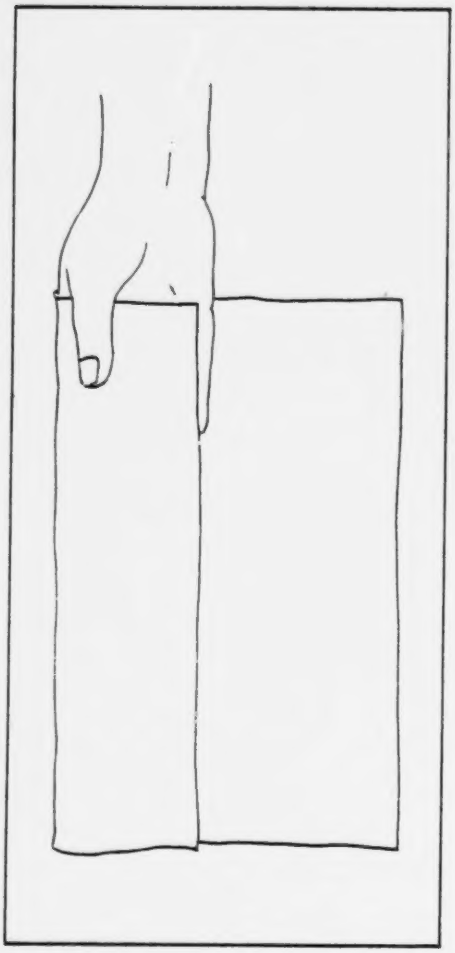
ANSWERS TO EVALUATION ITEMS:

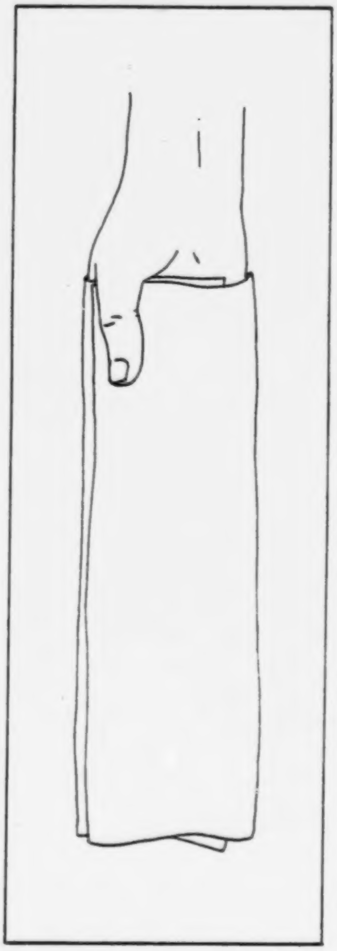
1. a. Promote cleanliness and comfort
   b. Stimulate circulation
   c. Relax the resident
   d. Observe condition of the resident's body

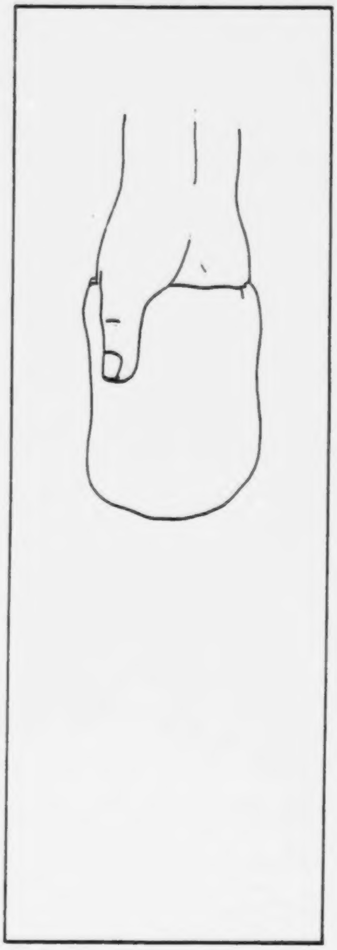
2. A complete bed bath involves washing the entire body and a partial bed bath involves washing the face, hands, underarms, and genital area.

3. T
4. F
5. F
6. T
7. T

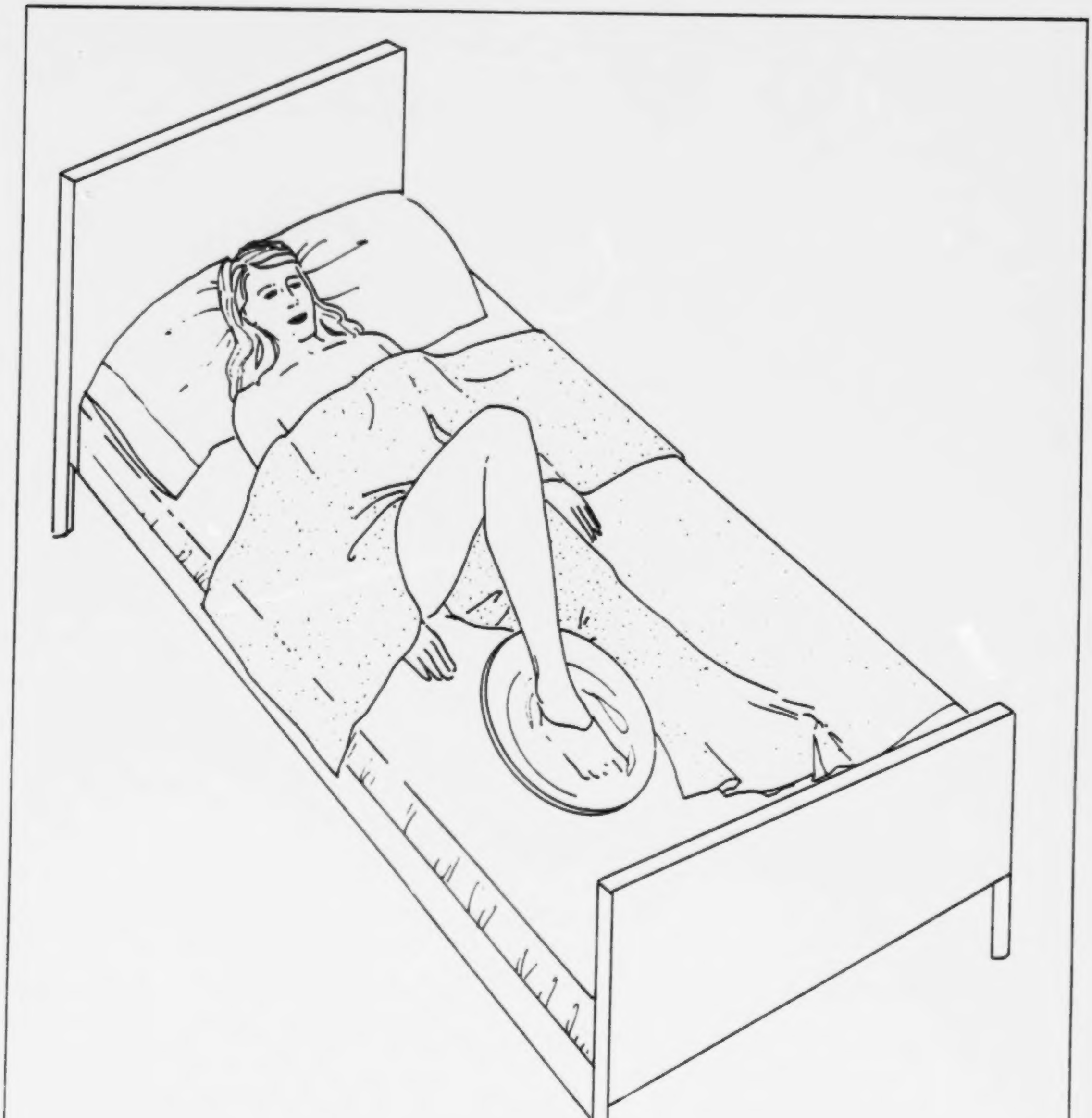
Bath Mitten







Soaking the Foot



LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

SCOPE OF UNIT:

Aspects of the structure and function of the skin and its appendages will be presented in this unit. Medical terminology associated with the skin is included. This unit includes the following care of the resident: occupied bed making, complete and partial bed bath, tub and shower bath, perineal care, hair care, shaving the resident, nail care, skin care, dressing and undressing, warm and cold applications, and decubitus care.

INFORMATION TOPIC: VIII-3 AND DEMONSTRATION: VIII-3

BEDMAKING (OCCUPIED)
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Describe the occupied bed.
2. Recognize three key points related to bedmaking.
3. Demonstrate making an occupied bed according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Trainex film #370: "Occupied Bed Making"
2. Pillowcase (bottom of pile)
3. Plastic pillow cover
4. Bedspread
5. Blanket
6. Top sheet
7. Cotton pad or chux (optional)
8. Cotton draw sheet (optional at some facilities)
9. Plastic or rubber draw sheet (optional at some facilities)
10. Bottom sheet
11. Mattress pad or cover (top of pile)
12. Laundry hamper or bag

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 111-119; 124-128.

REFERENCES:

Fouts, Janet and Lynn Mullen. Nursing Assistant Training Manual. Beaverton, OR: Medi Form Printers and Publishers, Inc., 1984, pp. 82-92.

Johnson-Pawlson, Jean and Marsha Goodwin. How to Be a Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1985. pp. 142-145.

McClelland, Sharon and Geraldine Kaspar. A Clinical Manual for Nursing Assistants. Monterey, CA: Wadsworth Health Sciences Division, 1985, pp. 136-138.

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 111-119; 124-128.

Sorrentino, Sheila A. Mosby's Textbook for Nursing Assistants. St. Louis: The C.V. Mosby Co., 1984, pp. 184-199.

INTRODUCTION:

A comfortable, clean, and neatly-made bed is extremely important to the elderly. A clean, wrinkle-free bed is especially important for the resident on bedrest. This is a simple nursing measure the health services assistant can take to prevent skin breakdown which can lead to decubitus ulcers. In addition, making a bed using the following procedures will make the room appear neat, which is important to the residents' feelings about their environment. Procedures may vary slightly in facilities depending on type of linens used.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

I. Key Points of Bedmaking

A. An occupied bed is made up with the resident in it; it is usually part of the complete/partial bed bath.

B. Linens should be changed as often as needed to assure cleanliness.

C. Make one side of the bed at a time and then finish the other side to save time and energy.

D. Remove soiled linens without shaking or coming in contact with the face or uniform.

NOTE: Linens are covered with the resident's germs.

E. Place soiled linens in the proper receptacle--never on the floor or bedside table.

F. Check linen for dentures, jewelry, plastic, glass, chux, face tissues, or anything else before stripping the bed.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

II. Steps of Procedure for a Making an Occupied Bed

A. Steps beginning procedure

1. Wash your hands.
2. Arrange necessary linens in order to be used.
3. Identify and greet resident. Identify self.
4. Explain what you are going to do.

B. Occupied bedmaking procedure

5. Provide privacy.
6. Raise bed to comfortable working position, side rails up unless you are working on that side.
7. Lower back and knee rest until bed is flat, if resident's condition allows.
8. Loosen the top of bedding at foot of bed.
9. Remove spread; fold spread to foot of bed; remove by grasping center; place on back of chair.
10. Remove blanket according to above procedure.
11. Place bath blanket over top sheet. Ask resident to hold blanket in place or tuck under resident's shoulders. Remove top sheet and place in laundry hamper or bag.
12. Keep pillow under resident's head and turn resident to side of bed you are not making.
13. Loosen bottom bedding; free bottom linen and roll each piece separately to the resident's back.
14. Place mattress pad on bed lengthwise with fold in the center.
15. Place bottom sheet lengthwise with fold in center and lower edge of sheet even with foot of mattress.
16. Tuck sheet under head of mattress; miter corners; tuck well under side of mattress.

17. Fanfold surplus sheet close to resident's back.

18. Place rubber/plastic draw sheet on middle third of mattress; fanfold half to resident's back and tuck in near side only.

19. Center draw sheet; fanfold half to resident's back; tuck other end under mattress.

20. Raise bed side rail; assist resident in turning and moving to clean side of bed.

21. Move and keep pillow under resident's head.

22. Go to opposite side of bed; lower bed side rail.

23. Pull through all bottom linen; remove and discard soiled linen in laundry hamper or bag.

24. Pull clean mattress pad toward edge of bed; tuck under mattress.

25. Pull clean bottom sheet toward the edge of bed. Tuck it under the mattress at the head of the bed and make a mitered corner.

26. Pull the sheet toward foot of bed and tuck under mattress.

27. Pull rubber or plastic sheet and cotton draw sheet; tighten; and tuck under the mattress.

28. Assist resident to center of bed.

29. Place top sheet over bath blanket; ask resident to hold or tuck under resident's shoulders.

30. Remove bath blanket.

31. If blanket is used, place over top sheet; place bedspread over blanket even with top sheet.

32. Make tuck in top linen at foot of bed.

    NOTE: Make toe pleat by folding over two (2) inches where feet are. (Refer to HO 1, Lesson 8 of Unit IV)

33. Tuck sheet, blanket, and bedspread at foot of bed under mattress and miter corners on each side.

34. Change pillowcase and place under resident's head. (Refer to HO 2, Lesson 8 of Unit IV)

C. Steps ending procedure

35. Lower bed and recess bed cranks.

36. Both side rails should be up.

37. Place call signal within reach.

38. Take dirty linen to laundry room.

39. Wash your hands.

III. Summary and Conclusion

A. Key points of bedmaking

B. Ask interaction items.

C. Review steps of procedures.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

INTERACTION ITEMS:

1. Why is linen stacked in the order of use?
2. Why should soiled linen be removed without shaking or coming in contact with the nurse assistant's face or uniform?
3. When using a footboard, how would you place the top sheet, blanket, and spread?
4. Why is it important to complete as much as possible on one side of the bed before going to the other side?
5. What is the significance of a clean, wrinkle-free bed for the resident?
6. How often do you change the bed linen of the incontinent resident?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Show filmstrips.
2. Instructor demonstrates occupied bedmaking procedure.
3. Students practice occupied bedmaking procedure.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

EVALUATION ITEMS:

1. Describe the occupied bed.

For each of the following, write "T" if the statement is true, or "F" if it is false.

_____ 2. Linens are usually changed an hour or so before the resident is bathed.

_____ 3. Items left by the resident in the linens such as dentures, jewelry, plastic, glass, chux, face tissues, etc., should be removed from bedding after stripping the bed.

_____ 4. Soiled linens should be kept from coming into contact with the face or uniform.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

EVALUATION ITEMS:

NAME OF STUDENT: ______________

BEDMAKING (OCCUPIED)

EQUIPMENT:

1. Pillowcase
2. Plastic pillow cover
3. Bedspread
4. Blanket
5. Top sheet
6. Cotton pad or chux (optional)
7. Cotton draw sheet
8. Plastic or rubber draw sheet
9. Bottom sheet
10. Mattress pad or cover
11. Laundry hamper or bag

DID THE STUDENT	YES	NO
Making an Occupied Bed A. Steps beginning procedure 1. Wash hands.		
2. Arrange necessary linens in order to be used.		
3. Identify and greet resident. Identify self.		
4. Explain procedure to resident.		
B. Occupied bedmaking procedure 5. Provide privacy.		
6. Raise bed to comfortable working position; side rails up (unless he/she is working on that side).		
7. Lower back and knee rest until bed is flat if resident's condition allows.		
8. Loosen the top of bedding at foot of bed.		

	YES	NO
9. Remove spread; fold spread to foot of bed; remove by grasping center; place on back of chair.		
10. Remove blanket according to above procedure.		
11. Place bath blanket over top sheet. Ask resident to hold blanket in place or tuck under resident's shoulders. Remove top sheet and place in laundry hamper or bag.		
12. Keep pillow under resident's head and turn resident to side of bed he/she is not making.		
13. Loosen bottom bedding; free bottom linen and roll each piece separately to the resident's back.		
14. Place mattress pad on bed lengthwise with fold in the center.		
15. Place bottom sheet lengthwise with fold in center and lower edge of sheet even with foot of mattress.		
16. Tuck sheet under head of mattress; miter corners; tuck well under side of mattress.		
17. Fanfold surplus sheet close to resident's back.		
18. Place rubber/plastic draw sheet on middle third of mattress; fanfold half to resident's back and tuck in near side only.		
19. Center draw sheet; fanfold half to resident's back; tuck other end under mattress.		
20. Raise bed side rail; assist resident in turning and moving to clean side of bed.		
21. Move and keep pillow under resident's head.		
22. Go to opposite side of bed; lower bed side rail.		

	YES	NO
23. Pull through all bottom linen; remove and discard soiled linen in laundry hamper or bag.		
24. Pull clean mattress pad toward edge of bed; tuck under mattress.		
25. Pull clean bottom sheet toward the edge of bed. Tuck it under the mattress at the head of the bed and make a mitered corner.		
26. Pull the sheet toward foot of bed and tuck under mattress.		
27. Pull rubber or plastic sheet and cotton draw sheet; tighten and tuck under the mattress.		
28. Assist resident to center of bed.		
29. Place top sheet over bath blanket; ask resident to hold or tuck under resident's shoulders.		
30. Remove bath blanket.		
31. If blanket is used, place over top sheet; place bedspread over blanket even with top sheet.		
32. Make tuck in top linen at foot of bed.		
33. Tuck sheet, blanket, and bedspread at foot of bed under mattress and miter corners on each side.		
34. Change pillowcase and place under resident's head.		
C. Steps ending procedure 35. Lower bed and recess bed cranks.		
36. Both side rails should be up.		
37. Place call signal within reach.		
38. Take dirty linen to laundry room.		
39. Wash hands.		

The student has satisfactorily completed the procedure "BEDMAKING (OCCUPIED)" according to the steps outlined.

Instructor's/Charge Personnel's Signature
(Verifying Satisfactory Completion)

Date

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

ANSWERS TO EVALUATION ITEMS:

1. An occupied bed has the resident in it.
2. F
3. F
4. T

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

SCOPE OF UNIT:

Aspects of the structure and function of the skin and its appendages will be presented in this unit. Medical terminology associated with the skin is inlcuded. This unit includes the following care of the resident: occupied bed making, complete and partial bed bath, tub and shower bath, perineal care, hair care, shaving the resident, nail care, skin care, dressing and undressing, warm and cold applications, and decubitus care.

INFORMATION TOPIC: VIII-4 AND DEMONSTRATION: VIII-4

PERINEAL CARE
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. **Match terms presented in this lesson to correct definitions.**
2. **List two purposes of peri care.**
3. **Identify two specific observations to make while giving peri care.**
4. **Recognize two specific measures to take while giving peri care.**
5. **Demonstrate how to perform perineal care for male and female residents according to the steps of procedure.**

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Perineal Area of the Male and Female
2. Trainex filmstrip #342: "Peri Care"
3. Basin of warm water
4. Washcloth (disposable type, if available)
5. Disposable/reuseable bed protector
6. Towel
7. Bath blanket

8. Soap and soap dish
9. Powder (optional)

INFORMATIONAL ASSIGNMENT:

REFERENCES:

Johnson-Pawlson, Jean and Marsha Goodwin. How To Be A Nurse's Aide In A Nursing Home. Washington, DC: American Health Care Association, 1985, p. 126-128.

McClelland, Sharon and Geraldine Kaspar. A Clinical Manual for Nursing Assistants. Monterey, CA: Wadsworth Health Sciences Division, 1985, pp. 129-130.

INTRODUCTION:

Perineal (abbreviated peri) care is a very important procedure. Many residents will be modest about having someone else clean his/her peri area. Therefore, you should make an effort to respect the resident's modesty and still get the area thoroughly clean.

Odor is a reliable indicator of whether or not a resident is adequately cleaning this area of his/her body. You may need to offer your assistance. The procedure is basically the same for the male and female resident, but it will be presented separately since the organs are different for each sex.

If the resident has an indwelling catheter you should give peri care first, then proceed with catheter care.

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

I. Terms and Definitions

   A. Anus - outlet of the rectum

   B. Circumcised - surgical removal of the end of the foreskin of the penis

   C. Foreskin - loose skin at and covering the end of the penis

   D. Labia - the skin folds which are on both sides of the urethra and vagina

   E. Perineal - the area between the pubic bone back to and including the anus

   F. Scrotum - the pouch containing the testicles

II. Key Points of Peri Care

   A. This procedure involves cleaning the area between the pubic bone back to and including the anus.

   B. Purposes of peri care

      1. To clean that area for the resident who is unable to or has difficulty cleaning it adequately

      2. Prevent skin breakdown of peri area

   C. A resident should have peri care at the following times:

      1. Continent residents - daily

      2. Incontinent residents - after each voiding or stool

   D. Observations

      1. Unusual discharge or odors

      2. Signs of skin breakdown - redness, irritation

III. Specific Measures Related to Peri Care

A. Wash from front to back to prevent spreading fecal matter from anal area to vagina or urethra (opening to bladder).

B. Offer resident bedpan/urinal before starting. Warm water on the peri area may stimulate the need to urinate.

C. For uncircumcised males, retract foreskin and cleanse tip of penis, then return foreskin over tip of penis; if not returned can cause constriction which could lead to tissue damage.

D. If the peri area is badly soiled, you may want to wear disposable gloves throughout the procedure.

IV. Steps of Procedure for the Male Resident

A. Steps beginning procedure

1. Wash your hands.
2. Assemble necessary equipment.
3. Identify and greet resident. Identify self.
4. Explain what you are going to do.
5. Provide privacy.

B. Peri care procedure:

6. Resident should be in supine position; place bed protector under buttocks.
7. Cover resident with bath blanket.
8. Expose perineal area. Gently wash the penis starting at the tip and moving downward—then rinse.

   NOTE: If resident is uncircumcised retract (pull back) the foreskin, wash, rinse and dry then pull skin over end of penis.
9. Wash and rinse the scrotum.
10. Wash and rinse other skin areas between the legs.
11. Wash and rinse the anal area.
12. Pat the peri area dry.
13. Apply powder under scrotum to prevent rubbing on skin (optional).

C. Steps ending procedure

14. Remove disposable bed protector and bath blanket.
15. Place call signal within reach, if needed.
16. Remove, clean, and store equipment.

17. Wash your hands.

18. Make the resident comfortable.

19. Record observations.

NOTE: Report anything unusual to charge nurse.

V. Steps of Procedure for the Female Resident

A. Steps beginning procedure

1-5. See steps 1-5 of procedure for perineal care for the male resident.

B. Peri care procedure:

6. Assist resident to supine or side-lying position; place bed protector under buttocks.

7. Cover resident with bath blanket.

8. Expose peri area. Gently wash the inner legs and outer peri area along the outside of the labia.

NOTE: Use a clean area of washcloth for each swipe.

9. Wash the outer skin folds from front to back.

10. Wash the inner labia from front to back.

11. Gently open all skin folds and wash the inner area from front to back.

12. Rinse the area well, starting with innermost area and proceed outward.

13. Wash and rinse the anal area.

14. Pat the peri area dry.

15. Apply powder lightly to outer peri area (optional).

C. Steps ending procedure

16-21. See steps 14-19 of procedure for perineal care for the male resident.

VI. Summary and Conclusion

   A. Key points of peri care

   B. Specific measures related to peri care

   C. Ask interaction items.

   D. Review steps of procedures.

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

INTERACTION ITEMS:

1. What area of the body is cleaned when giving peri care?
2. What position should the resident be in during peri care?
3. Where do you start peri care for the male resident?
4. Where do you start peri care for the female resident?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Show filmstrip.
2. Instructor demonstrates peri care procedure for male resident.
3. Students practice peri care procedure for male resident.
4. Instructor demonstrates peri care procedure for female resident.
5. Students practice peri care procedure for female resident.

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

EVALUATION ITEMS:

Match the following terms to correct definitions by writing the letter in the blank.

_____ 1. Perineal

_____ 2. Circumcised

_____ 3. Foreskin

_____ 4. Scrotum

_____ 5. Anus

_____ 6. Labia

a. Outlet of the rectum

b. Surgical removal of the end of the foreskin of the penis

c. Loose skin at and covering the end of the penis

d. The skin folds which are on both sides of the urethra and vagina

e. The area between the pubic bone back to and including the anus

f. The pouch containing the testicles

7. List two purposes of giving peri care.

   a.

   b.

8. Describe two observations you could make while giving peri care.

   a.

   b.

For each of the following, write "T" if the statement is true or "F" if it is false.

_____ 9. You should wash from front to back to prevent spreading fecal matter to the vagina or urethra.

_____10. It is not necessary to retract the foreskin of an uncircumcised male when doing peri care.

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

EVALUATION ITEMS: NAME OF STUDENT:________________

PERINEAL CARE

EQUIPMENT:

1. Basin of warm water
2. Washcloth (disposable type, if available)
3. Disposable/reusable bed protector
4. Towel
5. Bath blanket
6. Soap and soap dish
7. Powder (optional)

DID THE STUDENT	YES	NO
Male Resident A. Steps beginning procedure 1. Wash hands.		
2. Assemble necessary equipment.		
3. Identify and greet resident. Identify self.		
4. Explain procedure to resident.		
5. Provide privacy.		
B. Peri care procedure 6. Resident should be in supine position; place bed protector under buttocks.		
7. Cover resident with bath blanket.		
8. Expose perineal area. Gently wash the penis starting at the tip and moving downward—then rinse.		

	YES	NO
9. Wash and rinse the scrotum.		
10. Wash and rinse other skin areas between the legs.		
11. Wash and rinse the anal area.		
12. Pat the peri area dry.		
13. Apply powder under scrotum to prevent rubbing on skin (optional).		
C. Steps ending procedure 14. Remove disposable bed protector and bath blanket.		
15. Place call signal within reach, if needed.		
16. Remove, clean, and store equipment.		
17. Wash hands. 18. Make the resident comfortable.		
19. Record observations and report anything unusual to charge nurse.		
Female Resident A. Steps beginning procedure 1-5. Complete steps 1-5 of procedure for perineal care for the male resident.		
B. Peri care procedure 6. Assist resident to supine or side-lying position; place bed protector under buttocks.		
7. Cover resident with bath blanket.		
8. Expose peri area. Gently wash the inner legs and outer peri area along the outside of the labia.		

	YES	NO
9. Wash the outer skin folds from front to back.		
10. Wash the inner labia from front to back.		
11. Gently open all skin folds and wash the inner area from front to back.		
12. Rinse the area well, starting with innermost area and proceed outward.		
13. Wash and rinse the anal area.		
14. Pat the peri area dry.		
15. Apply powder lightly to outer peri area (optional).		
C. Steps ending procedure 16-21. Complete steps 14-19 of procedure for perineal care for the male resident.		

The student has satisfactorily completed the procedure "PERINEAL CARE" according to the steps outlined.

____
Instructor's/Charge Personnel's Signature
(Verifying Satisfactory Completion)

____
Date

LESSON PLAN: 4

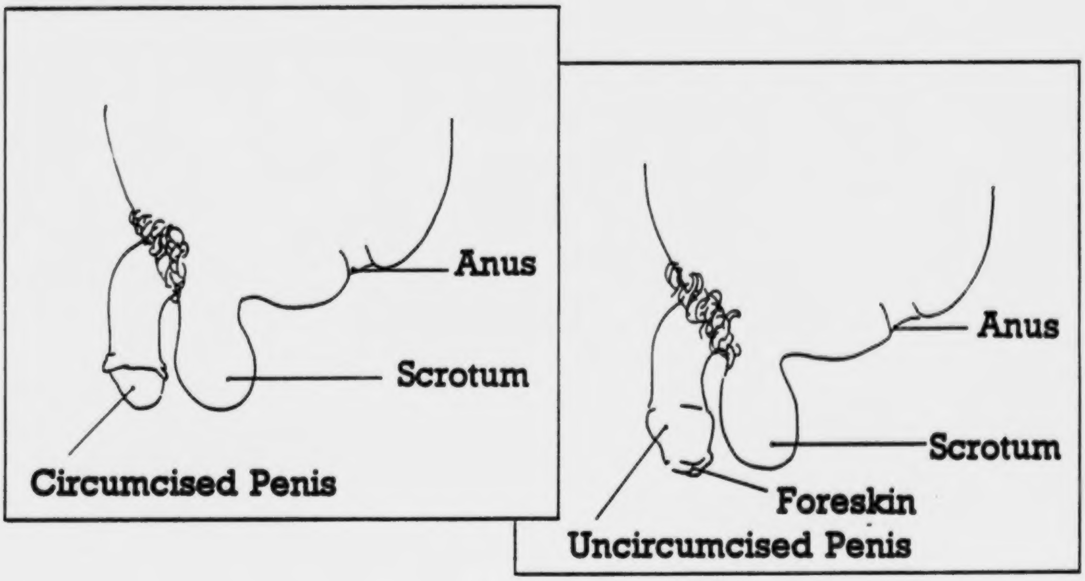
COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

ANSWERS TO EVALUATION ITEMS:

1. e
2. b
3. c
4. f
5. a
6. d
7. a. To clean that area for the resident who is unable to or has difficulty cleaning it adequately
   b. Prevent skin breakdown of peri area
8. a. Unusual discharge or odors
   b. Signs of skin breakdown - redness, irritation
9. T
10. F

Perineal Area of the Male and Female


Anus
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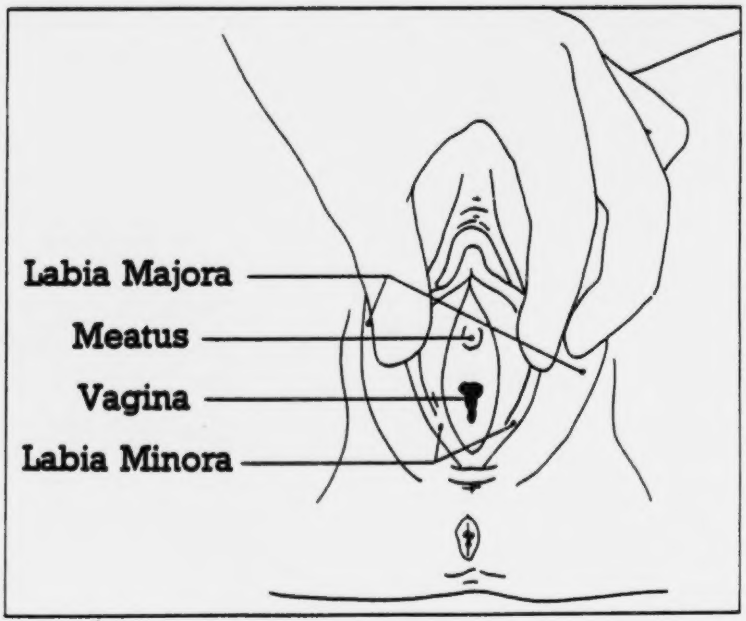
Labia Majora
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LESSON PLAN: 5

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

SCOPE OF UNIT:

Aspects of the structure and function of the skin and its appendages will be presented in this unit. Medical terminology associated with the skin is included. This unit includes the following care of the resident: occupied bed making, complete and partial bed bath, tub and shower bath, perineal care, hair care, shaving the resident, nail care, skin care, dressing and undressing, warm and cold applications, and decubitus care.

INFORMATION TOPIC: VIII-5 AND DEMONSTRATION: VIII-5

TUB BATH AND SHOWER BATH
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Recognize three safety measures to take while giving a tub bath.
2. Recognize three safety measures to take while giving a shower bath.
3. Demonstrate how to give a tub bath according to the steps of procedure.
4. Demonstrate how to give a shower bath according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Trainex filmstrip #122: "Shower and Tub Bath"
2. Bath towels (2)
3. Washcloths (2)
4. Bath blanket
5. Soap and soap dish
6. Bath thermometer, if available
7. Tub/shower chair and chair by side of tub
8. Disinfectant solution and cleaning cloth

9. Non-skid bathtub mat (use a towel if not available)
10. Bath floor mat
11. Clean clothes
12. Personal care items: lotion or powder
13. Shower cap (optional)

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 143-146.

REFERENCES:

Fouts, Janet and Lynn Mullen. Nursing Assistant Training Manual. Beaverton, OR: Medi Form Printers and Publishers, Inc., 1984, pp. 77-80.

Johnson-Pawlson, Jean and Marsha Goodwin. How to Be a Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1985. pp. 122-123.

McClelland, Sharon and Geraldine Kaspar. A Clinical Manual for Nursing Assistants. Monterey, CA: Wadsworth Health Sciences Division, 1985, pp. 120-122.

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 143-146.

Sorrentino, Sheila A. Mosby's Textbook for Nursing Assistants. St. Louis: The C.V. Mosby Co., 1984, pp. 222-225.

INTRODUCTION:

A tub bath or shower may be given depending on the resident's mobility and personal preference. Encourage the resident to assist with the bathing if he/she is able. This can promote feelings of independence and provide some active range of motion exercise. If the type of bath assigned to the resident does not seem appropriate, consult with the charge nurse and identify the reasons why another type of bath may be better for the resident.

Again, this is a prime time for the nurse assistant to make observations about the total needs (physical, emotional, and social) of the resident. The bath should be a pleasurable experience. Keep in mind the importance of maintaining the resident's dignity and respect his/her privacy.

LESSON PLAN: 5

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

I. Key Points of Tub Bath

A. Reasons for giving a tub bath

1. The tub bath is for residents who can get out of bed but may not like showers.

2. The tub bath can provide greater relaxation than a bed bath and give a feeling of being cleaner.

B. Safety measures (II-1)

1. The tub should be filled with an adequate amount of warm water (105° F) to cleanse the resident; however, keep in mind the resident's safety.

2. The resident usually stays in the tub for 10-15 minutes; longer would allow the water to cool, resulting in the resident becoming cold.

3. Do not add bath oil to the water. This makes the surface of the tub slippery.

4. When a resident is agile (able to move without difficulty; nimble), he/she may be left alone in the bathtub—check several times. The door should never be locked.

NOTE: If you have any doubts about the resident's safety in the tub, stay with him/her.

5. If the resident becomes faint while you are giving him/her a tub bath: (II-2)

a. Call for help.

b. Drain the water out of the tub.

c. Lower the head as much as possible.

d. Cover the resident with a bath blanket.

NOTE: Fainting is caused by the warm water dilating the blood vessels of the skin, increasing the amount of blood in the skin area and decreasing the blood flow to the brain, resulting in the resident feeling faint.

6. If you are giving a whirlpool bath, follow the basic tub bath procedure and your facility's specific policies regarding whirlpool equipment safety.

II. Key Points of Shower Bath

A. Reasons for giving a shower

1. The shower is the bath of choice for many of the residents because of poor mobility and difficulty in getting in and out of a bathtub.

2. Showers with long extension hoses are very good for thorough cleansing and for stimulating circulation.

B. Safety measures

1. Adequately cover the resident when transporting him/her to and from the shower room to avoid changes in body temperature and unnecessary exposure.

2. Hang the shower nozzle on the handrail or hook. Do not allow it to rest on the floor.

NOTE: The floor is always considered dirty.

3. Check shower chair wheels prior to using for sticking or wobbling, and verify that the locking mechanism works.

4. The resident in a shower chair should be placed facing the door of the shower stall while the health services assistant gives the shower; this assures better control of the resident should he/she be difficult to manage or become faint.

5. The shower should have a temperature regulator and pressure or flow regulator.

6. Should the resident become faint while giving a shower:

a. Call for help.

b. Turn off the water.

c. If the resident is standing, have him/her sit down.

d. Lower his/her head as much as possible.

e. Cover with a bath blanket.

III. Steps of Procedure for a Tub Bath

A. Steps beginning procedure

1. Wash your hands.
2. Assemble necessary equipment.
3. See that tub/shower room is free from drafts, preferably 75-80°.
4. Clean bathtub/shower chair with disinfectant solution and rinse well.
5. Place non-skid mat, towel, or tub chair in bathtub.
6. Place floor mat next to bathtub.
7. Place a chair next to tub.
8. Identify and greet resident. Identify self.
9. Explain what you are going to do.
10. Offer toileting.

B. Tub bath procedure

11. Provide privacy and assist resident to put on robe and slippers.
12. Ambulate or transfer per w/c or g/c to tub room.
13. Fill tub with 105° water half full and check water temperature with bath thermometer.
14. Assist resident to undress.
15. Assist resident into the tub.

    NOTE: A shampoo may be given at this time.

16. Assist resident as needed in washing.

    NOTE: Offer assistance to wash back, legs, and feet.

17. If resident is unable to help, start with eyes; then wash face, ears, neck, arms, hands, chest, abdomen, and back. Rinse with warm water.

    NOTE: Ask if resident wants soap used on his/her face.

18. Wash each leg, foot, and between toes. Rinse well with warm water; discard washcloth.

19. Wash peri area from front to back and discard washcloth.

    NOTE: Ask or assist resident to turn slightly to one side.

20. Drain tub and remove soap before resident gets out.

21. Assist resident out of the tub; cover with a bath blanket and assist to the chair.

22. Uncover resident, one area at a time, and pat dry with a towel.

23. Apply powder, lotion, and deodorant, if applicable.

24. Assist with dressing.

C. Steps ending procedure

25. Return resident to his/her room; assist with any personal care such as shaving, nail care, hair care, etc.

26. Make resident comfortable; place call signal within reach.

27. Return to tub room; remove soiled articles and clean tub with disinfectant solution.

28. Wash your hands.

29. Record observations.

    NOTE: Report anything unusual to charge nurse.

IV. Steps of Procedure for a Shower Bath

A. Steps beginning procedure

1-4. See III. A., steps 1-4 of procedure for tub bath.

5. Place non-skid mat in shower stall if resident is standing during shower.

6. Identify and greet resident. Identify self.

7. Explain what you are going to do.

8. Offer toileting.

B. Shower procedure

9. Provide privacy and assist resident to put on robe and slippers.

10. Ambulate or transfer per shower chair to shower room.

11. Assist resident to undress; cover with bath blanket until ready to start shower.

12. Adjust spray temperature (95-105°). Direct spray away from resident while adjusting it. Flow rate should be gentle.

    NOTE: A shampoo may be given at this time.

13. Rinse resident's body with warm water.

14. Assist resident in washing as needed.

15. If resident is unable to help at all, start with eyes; then wash face, ears, neck, chest, abdomen, and back. Rinse with warm water.

    NOTE: Ask if resident wants soap used on his/her face.

16. Wash each leg, foot, and between toes. Rinse well with warm water; discard washcloth.

17. Wash peri area from front to back.

    NOTE: Wash female labia area from front of chair; wash anal area from under chair.

18. Wash between buttocks and discard washcloth; rinse well from front to back.

19. Turn off shower and cover resident with bath blanket; place around hair if wet.

20. Uncover resident, one area at a time, and pat dry.

21. Apply powder, lotion, and deodorant, if applicable.

22. Assist with dressing.

C. Steps ending procedure

24-28. See III. C., steps 25-29 of procedure for tub bath.

IV. Summary and Conclusion

   A. Key points of tub bath

   B. Key points of shower

   C. Ask interaction items.

   D. Review steps of procedures.

LESSON PLAN: 5

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

INTERACTION ITEMS:

1. How long does a resident usually stay in the tub?
2. What should you do first if a resident becomes faint while giving a tub bath?
3. What kind of observations could you make about the resident during a tub bath or shower?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Show filmstrip.
2. Instructor demonstrates tub bath procedure.
3. Students assist with tub bath procedure during O.J.T.
4. Instructor demonstrates shower procedure.
5. Students assist with shower procedure during O.J.T.

LESSON PLAN: 5

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

EVALUATION ITEMS:

For each of the following, write "T" if the statement is true, or "F" if it is false.

_____ 1. The resident usually stays in the tub for 10-15 minutes; any longer may result in the resident becoming cold.

_____ 2. Always add bath oil to the bathtub water to moisturize the skin.

_____ 3. The bathroom door should never be locked when a resident is taking a tub bath alone.

_____ 4. The shower nozzle should rest on the floor when not in use.

_____ 5. Always check shower chair wheels prior to using for sticking or wobbling and a properly functioning locking system.

_____ 6. If a resident becomes faint while giving a tub bath or shower, first call for help and then take the appropriate actions.

7. What is the order in which you should bathe the resident's body if giving a shower to a totally helpless individual?

LESSON PLAN: 5

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

EVALUATION ITEMS:

NAME OF STUDENT:

TUB BATH AND SHOWER BATH

EQUIPMENT:

1. Bath towels (2)
2. Washcloths (2)
3. Bath blanket
4. Soap and soap dish
5. Bath thermometer, if available
6. Tub/shower chair and chair by side of tub
7. Disinfectant solution and cleaning cloth
8. Non-skid bathtub mat (use towel if not available)
9. Bath floor mat
10. Clean clothes
11. Personal care items: lotion or powder
12. Shower cap (optional)

DID THE STUDENT	YES	NO
Tub Bath A. Steps beginning procedure 1. Wash hands.		
2. Arrange necessary equipment.		
3. See that tub/shower room is free from drafts, preferably 75-80°.		
4. Clean bathtub/shower chair with disinfectant solution and rinse well.		
5. Place non-skid mat, towel, or tub chair in bathtub.		
6. Place floor mat next to bathtub.		
7. Place a chair next to tub.		
8. Identify and greet resident. Identify self.		

	YES	NO
9. Explain procedure to resident.		
10. Offer toileting.		
B. Tub bath procedure 11. Provide privacy and assist resident to put on robe and slippers.		
12. Ambulate or transfer w/c or g/c to tub room.		
13. Fill tub with 105° water half full and check water temperature with bath thermometer.		
14. Assist resident to undress.		
15. Assist resident into the tub.		
16. Assist resident as needed in washing.		
17. If resident is unable to help, start with eyes; then wash face, ears, neck, arms, hands, chest, abdomen, and back. Rinse with warm water.		
18. Wash each leg, foot, and between toes. Rinse well with warm water; discard washcloth.		
19. Wash peri area from front to back and discard washcloth.		
20. Drain tub and remove soap before resident gets out.		
21. Assist resident out of the tub; cover with a bath blanket and assist to chair.		
22. Uncover resident, one area at a time, and pat dry with a towel.		
23. Apply powder, lotion, and deodorant, if applicable.		
24. Assist with dressing.		

	YES	NO
C. Steps ending procedure 25. Return resident to his/her room; assist with any personal care such as shaving, nail care, hair care, etc.		
26. Make resident comfortable; place call signal within reach.		
27. Return to tub room; remove soiled articles and clean tub with disinfectant solution.		
28. Wash hands.		
29. Record observations, reporting anything unusual to charge nurse.		
Shower Bath A. Steps beginning procedure 1-4. Complete steps 1-4 of bath procedure.		
5. Place non-skid mat in shower stall if resident is standing during shower.		
6. Identify and greet resident. Identify self.		
7. Explain what he/she is going to do.		
8. Offer toileting.		
B. Shower procedure 9. Provide privacy and assist resident to put on robe and slippers.		
10. Ambulate or transfer per shower chair to shower room.		
11. Assist resident to undress; cover with bath blanket until ready to start shower.		
12. Adjust spray temperature (95-105°). Direct spray away from resident while adjusting it. Flow rate should be gentle.		
14. Rinse resident's body with warm water.		
15. Assist resident in washing as needed.		

	YES	NO
16. If resident is unable to help at all, wash resident in correct sequence.		
17. Wash each leg, foot, and between toes. Rinse well with warm water; discard washcloth.		
18. Wash peri area from front to back.		
19. Wash between buttocks and discard washcloth; rinse well from front to back.		
20. Turn off shower and cover resident with bath blanket; place around hair if wet.		
21. Uncover resident, one area at a time, and pat dry.		
22. Apply powder, lotion, and deodorant, if applicable.		
23. Assist with dressing.		
C. Steps ending procedure 24-28. Complete steps 25-29 of bath procedure.		

The student has satisfactorily completed the procedure "TUB BATH AND SHOWER BATH" according to the steps outlined.

Instructor's/Charge Personnel's Signature
(Verifying Satisfactory Completion)

Date

LESSON PLAN: 5

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

ANSWERS TO EVALUATION ITEMS:

1. T
2. F
3. T
4. F
5. T
6. T
7. Bathe in this order: eyes, face, ears, arms, hands, chest, abdomen, back, legs, feet, between toes, peri area.

LESSON PLAN: 6

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

SCOPE OF UNIT:

Aspects of the structure and function of the skin and its appendages will be presented in this unit. Medical terminology associated with the skin is included. This unit includes the following care of the resident: occupied bed making, complete and partial bed bath, tub and shower bath, perineal care, hair care, shaving the resident, nail care, skin care, dressing and undressing, warm and cold applications, and decubitus care.

INFORMATION TOPIC: VIII-6 AND DEMONSTRATION: VIII-6

HAIR CARE
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. List three purposes of hair care.
2. Identify two observations to make when giving hair care.
3. Recognize three specific measures related to hair care.
4. Demonstrate giving a shampoo during a tub bath/shower bath according to the steps of procedure.
5. Demonstrate giving a bed shampoo according to the steps of procedure.
6. Demonstrate how to comb/brush a resident's hair according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Bath towels (2)
2. Face towel/wash cloth
3. Shampoo
4. Hair conditioner/creme rinse (optional)
5. Bath thermometer
6. Pitcher/hand-held shower nozzle

7. Hair dryer for use in resident's room
8. Resident's personal comb/brush
9. Hand mirror, if available
10. Equipment for bed shampoo:
    a. Shampoo trough/plastic sheet
    b. Large basin/bucket
    c. Bath blanket
    d. Waterproof bed protector
    e. Cotton balls (2)
    f. Small towel
    g. Chair/footstool

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 149-152.

REFERENCES:

Fouts, Janet and Lynn Mullen. Nursing Assistant Training Manual. Beaverton, OR: Medi Form Printers and Publishers, Inc., 1984, pp. 80-81.

Johnson-Pawlson, Jean and Marsha Goodwin. How To Be A Nurse's Aid In A Nursing Home. Washington, DC: American Health Care Association, 1985, p. 130-131.

McClelland, Sharon and Geraldine Kaspar. A Clinical Manual for Nursing Assistants. Monterey, CA: Wadsworth Health Sciences Division, 1985, pp. 131.

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 149-152.

INTRODUCTION:

Proper care and styling of the hair is important to the resident's appearance and sense of well-being. It can really make a difference in a person's appearance. The resident's physical condition and safety, as well as hair and scalp condition and personal preference, may determine frequency and method of shampooing. Shampoos may be given with the tub bath/shower bath, or a bed shampoo may be necessary. Female residents may want their hair set or rolled before drying. It is the duty of the health services assistant to assist or to care for the resident's hair on a daily basis in combing or brushing and arranging it attractively.

LESSON PLAN: 6

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

I. Key Points of Hair Care

  A. Good hair care is important as a morale booster and for maintaining a clean and attractive appearance.

  B. Purposes of hair care

    1. Cleans hair of dirt particles and dead cells; prevent matting

    2. Stimulates circulation of scalp, bringing nutrients to the roots

    3. Improves one's appearance

  C. Hair care should be done at the following times:

    1. Combing and brushing should be done in the morning and during the day as needed.

    2. Hair should be washed at least weekly for all residents, and more often if indicated.

  D. Observations to make

    1. Sores

    2. Redness

    3. Dry scalp, excessive dandruff

    4. Swollen areas

II. Specific Measures Related to Hair Care

  A. Label resident's own comb and brush. Simply write resident's name with a permanent marker on a piece of adhesive tape and apply to comb or brush.

  B. When styling hair, place a towel around resident's shoulders to prevent hair from getting into clothes and causing irritation.

  C. Be sure to clean comb and a brush after each use.

  NOTE: Check institutional policy for procedure used in your facility.

D. After washing the hair, rinse all soap from scalp to prevent irritation and dryness. May use a solution of one part white vinegar to five parts water; then follow with warm water rinse.

E. Avoid using brush curlers interchangeably between residents. This can be a source of infection.

F. Use hair dryers with extreme caution; check temperature frequently. If using hand-held dryer, keep your hand under air stream so you will know what the temperature is. Do not use in tub room since it may come in contact with water and cause electrocution.

III. Steps of Procedure for Shampoo with Tub Bath or Shower Bath

A. Steps beginning procedure

1. Wash your hands.
2. Assemble necessary equipment.
3. See that room is free from drafts, preferably 75-80°.
4. Identify and greet resident. Identify self.
5. Explain what you are going to do.
6. Provide privacy.

B. Tub or shower shampoo procedure

7. Adjust water temperature to 105°-110°.
8. Position resident appropriately in tub or shower.
9. Ask resident to hold folded washcloth/face towel over eyes.
10. Apply water to the hair until it is completely wet, using nozzle or pitcher.
11. Apply small amount of shampoo. Work up a good lather, massaging well with fingertips.
12. Rinse thoroughly, working from front to back.
13. Repeat sudsing and rinsing if necessary.
14. Apply conditioner or creme rinse as directed on the container. Rinse thoroughly.
15. Wrap resident's head with a large bath towel while completing bath or shower.
16. Towel-dry with second towel if necessary.
17. Encourage resident to comb own hair, if able.

18. Comb hair to remove snarls and tangles. Apply rollers or set hair if this is to be done.

    NOTE: Resident's personal curlers must be used.

19. Dry hair quickly.

    CAUTION: Electrical appliances should not be used in the bathroom and use hair dryer on low temperature setting.

20. When hair is dry, remove curlers. Comb or brush hair and arrange attractively.

    NOTE: Use resident's personal comb/brush.

21. Let resident use the hand mirror; make the resident comfortable.

C. Steps ending procedure

22. Place call signal within reach.

23. Remove, clean, store equipment.

24. Wash your hands.

25. Record observations.

    NOTE: Report anything unusual to charge nurse.

IV. Steps of Procedure for Bed Shampoo

A. Steps beginning procedure

1-6. See III. A., steps 1-6 of procedure for shampoo with tub bath or shower bath.

B. Bed shampoo procedure

7. Raise the bed to its highest horizontal position.

    NOTE: Some residents may require that the head be elevated.

8. Place chair or footstool at the side of the bed near the resident's head and cover with a small towel. Set large basin or bucket on chair.

9. Move resident to side of bed. Cover with bath blanket and fanfold top linens to foot of bed without exposing the resident.

10. Remove pillow and replace with waterproof bed protector.

11. Place one towel under resident's head and one around shoulders.

12. Place shampoo trough or arrange plastic sheet under head to form a drain into the bucket.

13. Put a cotton ball in each ear of the resident.

14. Apply water to hair until it is completely wet, using pitcher.

15. Apply small amount of shampoo. Work up a good lather, massaging well with finger tips.

16. Rinse thoroughly, working from front to back.

17. Repeat sudsing and rinsing if necessary.

18. Apply conditioner/creme rinse as directed on container. Rinse thoroughly.

19. Squeeze excess water from hair, apply towel to hair.

20. Remove shampoo trough and place in bucket.

21. Remove cotton balls from resident's ears. Using another towel, dry the resident's hair.

22-26. See III. B., steps 17-21 of procedure for shampoo with tub bath or shower bath.

C. Steps ending procedure

27-30. See III. C., steps 22-25 of procedure for shampoo with tub bath or shower bath.

V. Steps of Procedure to Comb or Brush Hair

A. Steps beginning procedure

1-6. See III. A., steps 1-6 of procedure for shampoo with tub bath or shower bath.

B. Comb/brush hair procedure

7. Place the resident's towel across pillow if the resident is in bed. For the sitting resident, place towel around shoulders.

8. If resident wears glasses, remove them to a safe place. Remove hairpins, combs, etc.

9. Brush or comb hair gently using downward strokes starting at ends first, working toward the scalp.

   NOTE: Add a few drops of water/alcohol to hair to remove tangles.

10. Arrange hair attractively to the resident's satisfaction. Braiding is suggested for the resident with long hair. This prevents tangling.

11. Let resident use the hand mirror.

C. Steps ending procedure

12-15. See III. C., steps 22-25 of procedure for shampoo with tub bath or shower bath.

VI. Summary and Conclusion

A. Key points of hair care

B. Specific measures related to hair care

C. Ask interaction items.

D. Review steps of procedures.

LESSON PLAN: 6

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

INTERACTION ITEMS:

1. Why is clean hair important?
2. Why is it necessary to provide a warm, draft-free area?
3. Discuss precautions regarding use of hair dryers.
4. Why is it important to use the resident's own brush, comb, and curlers?
5. Where is the towel placed when giving hair care to the resident in bed?
6. How do you comb or brush the hair?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Instructor demonstrates shampoo procedures and combing/brushing the hair.
2. Students arrange each other's hair.

LESSON PLAN: 6

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

EVALUATION ITEMS:

1. List three purposes of hair care.

   a.

   b.

   c.

2. Which of the following is not an appropriate observation while doing hair care? (Circle the letter of the correct answer.)

   a. Sores
   b. Redness of scalp
   c. Needs to be dyed
   d. Excessive dandruff

For each of the following, write "T" if the statement is true, or "F" if it is false.

_____ 3. The comb and brush should only be cleaned when full of hair.

_____ 4. Brush curlers used among several residents could be a source of infection.

_____ 5. Hair dryers should never be used in a tub room or near a sink.

LESSON PLAN: 6

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

EVALUATION ITEMS: NAME OF STUDENT:__________________

HAIR CARE

EQUIPMENT:

1. Bath towels (2)
2. Face towel/wash cloth
3. Shampoo
4. Hair conditioner/creme rinse (optional)
5. Bath thermometer
6. Pitcher/hand-held shower nozzle
7. Hair dryer for use in resident's room
8. Resident's personal comb/brush
9. Hand mirror, if available
10. Equipment for bed shampoo:
    a. Shampoo trough/plastic sheet
    b. Large basin/bucket
    c. Bath blanket
    d. Waterproof bed protector
    e. Cotton balls (2)
    f. Small towel
    g. Chair/footstool

DID THE STUDENT	YES	NO
Shampoo with Tub Bath or Shower A. Steps beginning procedure 1. Wash hands.		
2. Arrange necessary equipment.		
3. See that room is free from drafts, preferably 75-80°.		
4. Identify and greet resident. Identify self.		
5. Explain procedure to resident.		
6. Provide privacy.		

	YES	NO
B. Tub or shower shampoo procedure		
7. Adjust water temperature to 105°-110°.		
8. Position resident appropriately in tub or shower.		
9. Ask resident to hold folded washcloth/ face towel over eyes.		
10. Apply water to the hair until it is completely wet using nozzle or pitcher. NOTE: If using nozzle, keep one finger in stream of water to assure correct temperature of water.		
11. Apply small amount of shampoo. Work up a good lather, massaging well with fingertips.		
12. Rinse thoroughly, working from front to back.		
13. Repeat sudsing and rinsing if necessary.		
14. Apply conditioner or creme rinse as directed on the container. Rinse thoroughly.		
15. Wrap resident's head with a large bath towel while completing bath or shower.		
16. Towel-dry with second towel if necessary.		
17. Encourage resident to comb own hair, if able.		
18. Comb hair to remove snarls and tangles. Apply rollers or set hair if this is to be done.		
19. Dry hair quickly.		
20. When hair is dry, remove curlers. Comb or brush hair and arrange attractively.		
21. Let resident use the hand mirror; make the resident comfortable.		

	YES	NO
C. Steps ending procedure 22. Place call signal within reach, if needed.		
23. Remove, clean, store equipment.		
24. Wash hands.		
25. Record observations and report anything unusual to charge nurse.		
Bed Shampoo A. Steps beginning procedure 1-6. Complete steps 1-6 of procedure for shampoo with tub bath or shower.		
B. Bed shampoo procedure 7. Raise the bed to its highest horizontal position.		
8. Place chair or footstool at the side of the bed near the resident's head and cover with a small towel. Set large basin or bucket on chair.		
9. Move resident to side of bed. Cover with bath blanket and fanfold top linens to foot of bed without exposing the resident.		
10. Remove pillow and replace with waterproof bed protector.		
11. Place one towel under resident's head and one around shoulders.		
12. Place shampoo trough or arrange plastic sheet under head to form a drain into bucket.		
13. Put a cotton ball in each ear of the resident.		
14. Apply water to hair until it is completely wet using pitcher.		
15. Apply small amount of shampoo. Work up a good lather, massaging well with fingertips.		

	YES	NO
16. Rinse thoroughly, working from front to back.		
17. Repeat sudsing and rinsing if necessary.		
18. Apply conditioner/creme rinse as directed on container. Rinse thoroughly.		
19. Squeeze excess water from hair; apply towel to hair.		
20. Remove shampoo trough and place in bucket.		
21. Remove cotton balls from resident's ears. Using another towel, dry the resident's hair.		
22-26. Complete steps 17-21 of procedure for shampoo with tub bath or shower.		
C. Steps ending procedure 27-30. Complete steps 22-25 of procedure for shampoo with tub bath or shower.		
Comb or Brush Hair A. Steps beginning procedure 1-6. Complete steps 1-6 of procedure for shampoo with bath or shower.		
B. Comb/brush hair procedure 7. Place the resident's towel across pillow if the resident is in bed. For the sitting resident, place towel around shoulders.		
8. If resident wears glasses, remove them to a safe place. Remove hairpins, combs, etc.		
9. Brush or comb hair gently using downward strokes starting at ends first, working toward the scalp.		
10. Arrange hair attractively to the resident's satisfaction. Braiding is suggested for the resident with long hair. This prevents tangling.		

	YES	NO
11. Let resident use the hand mirror.		
C. Steps ending procedure 12-15. Complete steps 22-25 of procedure for shampoo with tub bath or shower.		

The student has satisfactorily completed the procedure "HAIR CARE" according to the steps outlined.

Instructor's/Charge Personnel's Signature
(Verifying Satisfactory Completion)

Date

LESSON PLAN: 6

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

ANSWERS TO EVALUATION ITEMS:

1. a Stimulates circulation of scalp, bringing nutrients to the roots
   b. Cleans hair of dirt particles and dead cells; prevent matting
   c. Improves one's appearance
2. c
3. F
4. T
5. T

LESSON PLAN: 7

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

SCOPE OF UNIT:

Aspects of the structure and function of the skin and its appendages will be presented in this unit. Medical terminology associated with the skin is included. This unit includes the following care of the resident: occupied bed making, complete and partial bed bath, tub and shower bath, perineal care, hair care, shaving the resident, nail care, skin care, dressing and undressing, warm and cold applications, and decubitus care.

INFORMATION TOPIC: VIII-7 AND DEMONSTRATION: VIII-7

SHAVING
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Recognize three key points related to shaving.
2. Demonstrate how to shave a resident according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Shaving the Resident
2. Basin/sink of hot water
3. Razor (safety or electric)
4. Mirror
5. Shaving cream
6. Washcloth
7. Preshave lotion (electric)
8. After-shave lotion

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 152-153.

REFERENCES:

Fouts, Janet and Lynn Mullen. Nursing Assistant Training Manual. Beaverton, OR: Medi Form Printers and Publishers, Inc., 1984, pp. 92-94.

Johnson-Pawlson, Jean and Marsha Goodwin. How to Be a Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1985. pp. 132-133.

McClelland, Sharon and Geraldine Kaspar. A Clinical Manual for Nursing Assistants. Monterey, CA: Wadsworth Health Sciences Division, 1985, pp. 131-132.

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 152-153.

Sorrentino, Sheila A. Mosby's Textbook for Nursing Assistants. St. Louis: The C.V. Mosby Co., 1984, pp. 236-238.

INTRODUCTION:

A clean-shaven face is necessary for the male resident to feel and appear neat and well-kept in his appearance. Some men need to be shaved daily; others need it less often.

As the female resident grows older, she also may have excessive facial hair. This can be embarrassing. Many females do shave and should be offered assistance when needed.

The equipment used depends upon the resident and the facility. The following procedures discuss the use of either a safety or electric razor. Since this may be a very new experience for you, take your time and follow the steps in the procedure.

LESSON PLAN: 7

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

I. Key Points of Shaving

A. Perform shaving procedure in the resident's bedroom or bathroom, not in a public area.

B. Always apply lather or shaving cream before shaving with a safety razor. This helps to soften the beard and prevents irritating the skin.

C. For a comfortable and easy shave, remember to shave in the direction that hair grows; downward over the cheeks and chin; upward over the neck area.

D. Apply an antiseptic if the skin is nicked, or apply pressure using a clean cloth for a minute or so till oozing stops.

E. Electrical appliances should not be used in the bathroom.

F. Use the resident's own razor; if using the facility's electric razor, sanitize the razor head that comes in contact with the skin with alcohol before and after using.

II. Steps of Procedure for Safety Razor Method

A. Steps beginning procedure

1. Wash your hands.
2. Assemble necessary equipment.
3. Identify and greet resident. Identify self.
4. Explain what you are going to do.
5. Provide privacy.

B. Safety razor procedure

6. Position resident in chair or sitting position in bed in well-lit area.
7. Spread towel under resident's chin.
8. Wet face with warm water.

   NOTE: Warm water softens the beard and makes shaving smoother.

9. Apply shaving cream 1/8" thick to face.
10. Leave lather in place about 15-30 seconds.
11. Start stroking downward with razor under sideburns and work downward over the cheek.
12. Continue over the chin. Work upward on neck under the chin. Use short, firm strokes.
13. Rinse the razor often in hot water.
14. Shave area around lips carefully.

    NOTE: You may need to stretch skin gently to shave in creases and sensitive areas.

15. When finished shaving, wash the face of any excess soap or lather.
16. Pat face dry with a towel.

17. Apply after-shave lotion if the resident requests it or if it is part of his usual routine.

C. Steps ending procedure

18. Place call signal within reach, if needed.

19. Remove, clean, and store equipment.

20. Wash your hands.

21. Record observations.

NOTE: Report anything unusual to charge nurse.

III. Steps of Procedure for Electric Razor Method

A. Steps beginning procedure

1-5. See steps 1-5 of procedure for safety razor method.

B. Shaving with an electric razor

6. Sanitize razor head.

7. Position resident in chair or sitting position in bed in well-lit area.

8. Spread towel under resident's chin.

9. Wash face thoroughly with soap and water to remove dirt and oil.

10. Apply preshave lotion if resident requests it or if it is part of his usual routine.

11. Start shaving from sideburns holding skin tight; using circular motion, shave neck and around mouth.

12. When finished, apply after-shave lotion if resident requests it or if it is part of his usual routine.

13. Sanitize razor head.

C. Steps ending procedure

14-17. See steps 18-21 of procedure for safety razor method.

IV. Summary and Conclusion

  A. Key points of shaving

  B. Ask interaction items.

  C. Review steps of procedures.

LESSON PLAN: 7

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

INTERACTION ITEMS:

1. How thickly do you apply the shaving cream or lather?
2. How long should the lather be left on before shaving?
3. What type of stroking motion do you use when shaving with a safety razor?
4. What can you do to make it easier to shave around the mouth area?
5. What is the first step when shaving with an electric razor?
6. What type of motion is used when shaving with an electric razor?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Instructor demonstrates shaving procedure using a safety razor.
2. Students practice shaving with a safety razor.
3. Instructor demonstrates shaving procedure using an electric razor.
4. Students practice shaving using an electric razor.

LESSON PLAN: 7

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

EVALUATION ITEMS:

Multiple Choice:

1. Shaving should be performed in the: (Circle the letter of the correct answer.)

   a. Nurses' station
   b. The activities room
   c. The resident's bedroom/bathroom
   d. The hallway

For each of the following, write "T" if the statement is true, or "F" if it is false.

_____ 2. Shave in the direction that hair grows, upward on the cheeks and downward on the neck area.

_____ 3. Apply pressure or antiseptic if the skin is nicked while shaving.

_____ 4. Rinse electric razor head in cool water before and after use to clean it for the next resident.

_____ 5. If using a safety razor, always apply lather or shaving cream before shaving the resident.

LESSON PLAN: 7

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

EVALUATION ITEMS:

NAME OF STUDENT:________________

SHAVING

EQUIPMENT:

1. Basin/sink of hot water
2. Razor (safety or electric)
3. Mirror
4. Shaving cream
5. Washcloth
6. Preshave lotion
7. After-shave lotion

DID THE STUDENT	YES	NO
Safety Razor Method A. Steps beginning procedure 1. Wash hands.		
2. Assemble necessary equipment.		
3. Identify and greet resident. Identify self.		
4. Explain procedure to resident.		
5. Provide privacy.		
B. Safety razor procedure 6. Position resident in chair or sitting position in bed in well-lit area.		
7. Spread towel under resident's chin.		
8. Wet face with warm water.		
9. Apply shaving cream 1/8" thick to face.		
10. Leave lather in place about 15-30 seconds.		

	YES	NO
11. Start stroking downward with razor under sideburns and work downward over the cheek.		
12. Continue over the chin. Work upward on neck under the chin. Use short, firm strokes.		
13. Rinse the razor often in hot water.		
14. Shave area around lips carefully.		
15. When finished shaving, wash the face of any excess soap or lather.		
16. Pat face dry with a towel.		
17. Apply after-shave lotion if the resident requests it or if it is part of his usual routine.		
C. Steps ending procedure 18. Place call signal within reach, if needed.		
19. Remove, clean, and store equipment.		
20. Wash hands.		
21. Record observations and report anything unusual to charge nurse.		
Electric Razor Method A. Steps beginning procedure 1-5. Complete steps 1-5 of procedure for safety razor method.		
B. Shaving with an electric razor 6. Sanitize razor head.		
7. Position resident in chair or sitting position in bed in well-lit area.		
8. Spread towel under resident's chin.		
9. Wash face thoroughly with soap and water to remove dirt and oil.		

	YES	NO
10. Apply preshave lotion if resident requests it or if it is part of his usual routine.		
11. Start shaving from sideburns holding skin tight; using circular motion, shave neck and around mouth.		
12. When finished, apply after-shave lotion if resident requests it or if it is part of his usual routine.		
13. Sanitize razor head.		
C. Steps ending procedure 14-17. Complete steps 18-21 of procedure for safety razor method.		

The student has satisfactorily completed the procedure "SHAVING" according to the steps outlined.

Instructor's/Charge Personnel's Signature
(Verifying Satisfactory Completion)

Date

LESSON PLAN: 7

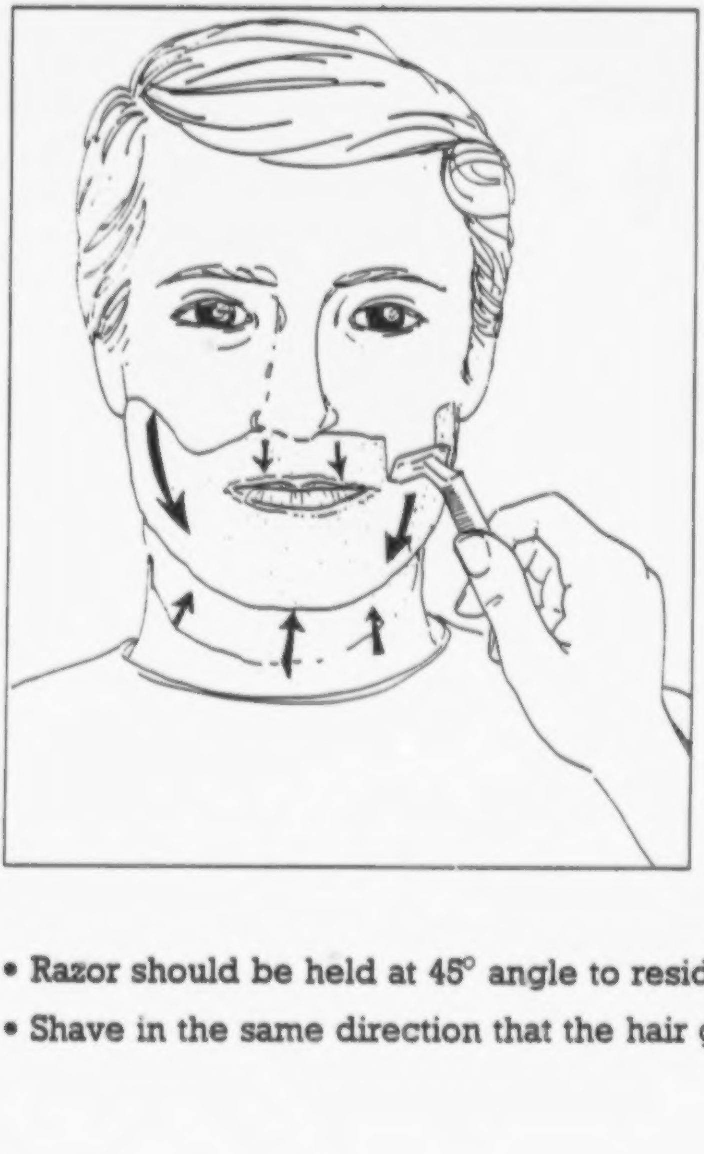
COURSE TITLE: HEALTH SERVICES ASSISTANT

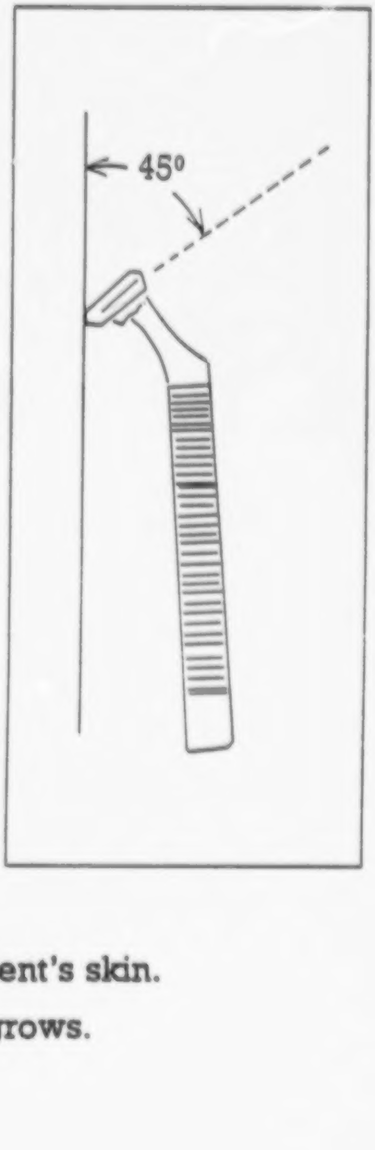
UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

ANSWERS TO EVALUATION ITEMS:

1. C
2. F
3. T
4. F
5. T

Shaving the Resident





- Razor should be held at 45° angle to resident's skin.
- Shave in the same direction that the hair grows.

LESSON PLAN: 8

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

SCOPE OF UNIT:

Aspects of the structure and function of the skin and its appendages will be presented in this unit. Medical terminology associated with the skin is included. This unit includes the following care of the resident: occupied bed making, complete and partial bed bath, tub and shower bath, perineal care, hair care, shaving the resident, nail care, dressing and undressing, warm and cold applications, and decubitus care.

INFORMATION TOPIC: VIII-8 AND DEMONSTRATION: VIII-8

NAIL CARE
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. List two purposes of nail care.
2. Identify three observations to make when giving nail care.
3. Recognize three specific measures related to nail care.
4. Demonstrate how to give fingernail care according to the steps of procedure.
5. Demonstrate how to give toenail care according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Wash basin - 3/4 full of warm, soapy water
2. Pitcher of warm water
3. Towel and paper towel
4. Disposable/reuseable bed protector
5. Orange stick/flat toothpick
6. Emery board/nail file
7. Nail clippers
8. Lotion

INFORMATIONAL ASSIGNMENT:

REFERENCES:

Fouts, Janet and Lynn Mullen. Nursing Assistant Training Manual. Beaverton, OR: Medi Form Printers and Publishers, Inc., 1984, pp. 81-83.

Johnson-Pawlson, Jean and Marsha Goodwin. How To Be A Nurse's Aide In A Nursing Home. Washington, DC: American Health Care Association, 1985, p. 133-135.

McClelland, Sharon and Geraldine Kaspar. A Clinical Manual for Nursing Assistants. Monterey, CA: Wadsworth Health Sciences Division, 1985, pp. 133-134.

INTRODUCTION:

Nail care is an important aspect of the personal care of the resident. It includes cleaning and trimming the fingernails and toenails on a regular basis. The part of the nail we see is not living tissue; but the skin around and under the nail is living tissue and needs to be protected from injury or infection. Toenails tend to be thicker than fingernails, particularly as a person ages. If you have difficulty trimming them, report this to the charge nurse. This may be a new experience for you. Just take your time and follow the next procedure.

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LESSON PLAN: 8

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

I. Key Points of Nail Care

   A. Purposes of nail care

      1. Decrease bacteria build-up under nails which could cause infections.

      2. Give the resident a neat appearance

      3. Prevent cuts/scratches from long nails

   B. Nail care should be done as needed for each resident; nails grow at different rates for each person.

   C. Observations to make

      1. Cuts

      2. Callouses, corns

      3. Changes in skin color

      4. Complaint of tenderness

      5. Swelling of feet and legs

II. Specific Measures Related to Nail Care

   A. Make sure you have a good source of light to enable you to see what you are doing.

   B. Trim/file nails after bath/soaking in water since this will make them softer. Do not trim too close to the flesh.

   C. Dry thoroughly between toes and fingers; excess moisture can lead to skin breakdown.

   D. A licensed nurse or podiatrist (a physician specialized in the care of the feet) should cut the toenails of a diabetic resident since that resident has poor circulation.

   E. Ambulatory residents should wear good, supportive shoes and stockings, rather than house slippers.

   F. Avoid use of garters. They restrict circulation.

LESSON PLAN: 8

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

III. Steps of Procedure for Fingernail Care

A. Steps beginning procedure

1. Wash your hands.
2. Assemble necessary equipment.

   NOTE: This should include a supplementary light, if necessary, to provide a well lit working area.

3. Identify and greet resident. Identify self.
4. Explain what you are going to do.

B. Fingernail care procedure

5. If resident is in bed, raise the backrest. Place disposable bed protector under the hands, then place towel on top of bed protector.
6. If resident is in chair, lower overbed table; place table in front of resident with disposable bed protector on top, then place towel on top of bed protector.
7. Place basin of soapy water on the towel.
8. Soak the fingers in the warm, soapy water for five minutes. You may soak one hand at a time or soak both at the same time.
9. Rinse hands with clear, warm water and dry with the towel. Remove basin when finished soaking.
10. Place towel under resident's dried hands.
11. Gently remove dirt from around and under each fingernail with an orange stick or nail file. Use paper towel to clean orange stick.
12. Trim nails (if needed) in an oval shape.
13. Smooth nails with an emery board or file.
14. Rub lotion on hands.

15-20. Repeat steps 9-14 on other hand.

21. Have resident exercise hands by alternately stretching them and making a fist.

C. Steps ending procedure

22. Make resident comfortable; place call signal within reach, if needed.

23. Remove, clean, and store equipment.

24. Wash your hands.

25. Record observations.

NOTE: Report anything unusual to charge nurse.

IV. Steps of Procedure for Toenail Care

A. Steps beginning procedure

1-4. See III. A., steps 1-4 of fingernail care procedure.

B. Toenail care procedure

5-11. See III. B., steps 5-11 of fingernail care procedure, and instead of hands refer to feet.

12. Trim nails (if needed) straight across.

13. Smooth nails with an emery board or file.

14. Rub lotion on feet and legs.

15-20. Repeat steps 9-14 of fingernail care procedure on other foot.

21. Have resident exercise feet by raising and lowering legs while sitting in a chair; wiggling toes; turning ankles in and out.

C. Steps ending procedure

22-25. See III. C., steps 22-25 of fingernail procedure.

V. Summary and Conclusion

A. Key points of nail care

B. Specific measures related to nail care

C. Ask interaction items.

D. Review steps of procedures.

LESSON PLAN: 8

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

INTERACTION ITEMS:

1. What is the proper way to shape fingernails?
2. How do you instruct the resident to exercise his/her hands?
3. Why is it important that the resident's fingernails be clean and trimmed?
4. In what type of water are the feet soaked?
5. What do you use to clean under the nail bed and around the nails?
6. How are the toenails shaped?
7. How long are the feet soaked?
8. Why does only the nurse or podiatrist cut the toenails of a diabetic resident?
9. What can happen to a skin injury on a diabetic resident's foot?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Instructor demonstrates fingernail and toenail care.
2. Students practice fingernail and toenail care on each other.

LESSON PLAN: 8

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

EVALUATION ITEMS:

1. List two purposes of nail care:

   a.

   b.

2. It is important for the nurse assistant to observe for the following when performing nail care: (Circle the letter of the correct answer.)

   a. Callouses
   b. Swelling of feet
   c. Cuts
   d. All of the above

For each of the following, write "T" if the statement is true, or "F" if it is false.

____ 3. Nails should be trimmed after soaking in water since this makes them softer.

____ 4. The diabetic resident's nails should be trimmed only by the nurse or podiatrist.

____ 5. Garters are an aid to circulation of the legs.

LESSON PLAN: 8

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

EVALUATION ITEMS:

NAME OF STUDENT:____________________

NAIL CARE

EQUIPMENT:

1. Wash basin - 3/4 full of warm, soapy water
2. Pitcher of warm water
3. Towel and paper towel
4. Disposable/reuseable bed protector
5. Orange stick/flat toothpick
6. Emery board/nail file
7. Nail clippers
8. Lotion

DID THE STUDENT	YES	NO
Fingernail Care Procedure		
A. Steps beginning procedure		
1. Wash hands.		
2. Assemble necessary equipment (including supplementary lighting, if necessary).		
3. Identify and greet resident. Identify self.		
4. Explain procedure to resident.		
B. Fingernail care procedure		
5. If resident is in bed, raise the backrest. Place disposable bed protector under the hands; then place towel on top of bed protector.		
6. If resident is in chair, lower overbed table; place table in front of resident with disposable bed protector on top; then place towel on top of bed protector.		
7. Place basin of soapy water on the towel.		

	YES	NO
8. Soak the fingers in the warm, soapy water for five minutes. Soak one hand at a time or soak both at the same time.		
9. Rinse hands with clear, warm water and dry with the towel. Remove basin when finished soaking.		
10. Place towel under resident's dried hands.		
11. Gently remove dirt from around and under each fingernail with an orange stick or nail file. Use paper towel to clean orange stick.		
12. Trim nails (if needed) in an oval shape.		
13. Smooth nails with an emery board or file.		
14. Rub lotion on hands.		
15-20. Repeat steps 9-14 on other hand.		
21. Have resident exercise hands by alternately stretching them and making a fist.		
C. Steps ending procedure 22. Make resident comfortable; place call signal within reach, if needed.		
23. Remove, clean, and store equipment.		
24. Wash hands.		
25. Record observations and report anything unusual to charge nurse.		
Toenail Care Procedure A. Steps beginning procedure 1-4. Complete steps 1 through 4 of procedure for fingernail care.		

	YES	NO
B. Toenail Care Procedure 5-11. Complete steps 5 through 11 of procedure for fingernail care; instead of hands, refer to feet.		
12. Trim nails (if needed) straight across.		
13. Smooth nails with an emery board or file.		
14. Rub lotion on feet and legs.		
15-20. Repeat steps 8-14 of procedure for fingernail care on other foot.		
21. Have resident exercise feet by raising and lowering legs while sitting in a chair; wiggling toes; turning ankles in and out.		
C. Steps ending procedure 22-25. Complete steps 22 through 25 of fingernail care procedure.		

The student has satisfactorily completed the procedure "NAIL CARE" according to the steps outlined.

Instructor's/Charge Personnel's Signature
(Verifying Satisfactory Completion)

Date

LESSON PLAN: 8

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

ANSWERS TO EVALUATION ITEMS:

1. The student may list two of the following:
    a. Decrease bacteria build-up under nails which could cause infections.
    b. Give the resident a neat appearance.
    c. Prevent cuts/scratches from long nails.
2. d
3. T
4. T
5. F

LESSON PLAN: 9

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

SCOPE OF UNIT:

Aspects of the structure and function of the skin and its appendages will be presented in this unit. Medical terminology associated with the skin is included. This unit includes the following care of the resident: occupied bed making, complete and partial bed bath, tub and shower bath, perineal care, hair care, shaving the resident, nail care, skin care, dressing and undressing, warm and cold applications, and decubitus care.

INFORMATION TOPIC: VIII-9 AND DEMONSTRATION: VIII-9

BACK RUB/SKIN CARE

(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Identify three purposes of back rub/skin care.
2. List five observations to make while giving a back rub/skin care.
3. Identify four specific measures related to back rub/skin care.
4. Demonstrate how to give a back rub according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Back Rub Methods
2. HO 2: Which Nurse Assistant are You?
3. Lotion
4. Bath towel (with bed bath)
5. Washcloth (with bed bath)
6. Basin with water (with bed bath)
7. Soap and soap dish (with bed bath)

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. *Being a Nursing Assistant*. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 146-147.

REFERENCES:

McClelland, Sharon and Geraldine Kaspar. *A Clinical Manual for Nursing Assistants*. Monterey, CA: Wadsworth Health Sciences Division, 1985, pp. 128-129.

Schniedman, Rose and Susan Lambert. *Being a Nursing Assistant*. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 146-147.

INTRODUCTION:

Think about how good a back rub feels. We sometimes get so busy feeding, bathing, and toileting our residents that we tell ourselves we don't have time to give a back rub. A back rub is important to our residents and can soothe, calm, and comfort them in a special way that no medicine can. A back rub may not seem an important part of your busy day, but to the resident, a back rub means that his/her caregiver really does care.

The bedridden resident should have a back rub and skin care to bony areas at the time of each position change. Remember that the skin of the elderly is fragile and easily damaged. A back rub improperly given can cause discomfort, so be gentle. The following procedure describes how to properly administer a back rub.

LESSON PLAN: 9

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

I. Key Points for Back Rub/Skin Care

   A. Purposes of back rub/skin care

      1. Stimulates circulation

      2. Relaxes muscles and the resident in general

      3. Relieves tension

   B. Specific observations to make

      1. Irritation/redness

      2. Rashes

      3. Bruises

      4. Swelling

      5. Excessive dryness

      6. Sores, lumps, or growths

      7. Cuts, abrasions, burns

      8. Mottled skin that is cool to touch

II. Specific Measures Related to Back Rub/Skin Care

   A. Oils or lotions are needed because the skin of the elderly is usually dry and needs the moisturizing effect of lotion.

   B. Warm oils or lotions before applying by placing in pan of warm water or rubbing a small amount in your palms. Apply lotion after bathing a resident.

   C. Powder is used to remove skin moisture at skin folds—any area where skin meets skin, under the breasts/large abdomen.

   D. Do not shake powder over the resident. He/she may inhale tiny powder particles and could develop irritation in the respiratory tract; sprinkle powder in your hand and then apply to the resident's skin.

E. The resident must be handled with extreme gentleness to prevent bruising and skin tears.

F. The bedridden resident must be repositioned every two hours and bony areas massaged gently.

LESSON PLAN: 9

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

III. Steps of Procedure for Giving a Back Rub

A. Steps beginning procedure

1. Wash your hands.
2. Assemble necessary equipment.
3. Identify and greet resident. Identify self.
4. Explain what you are going to do.
5. Provide privacy.

B. Back rub procedure

6. Position resident on the side of bed closest to you, then turn on his/her side or assist into the prone position.
7. Place bath towel lengthwise close to resident's back to protect bedding.
8. Wash, rinse and dry back (if giving a bed bath or if the back is soiled).
9. Warm lotion, then apply to entire back. Begin at the lower back and apply up both sides of spinal column to neck, across shoulders and down to lower back.
10. Massage the buttocks; massage until lotion is absorbed into the skin. Remove the towel.
11. Adjust bed covers and assist resident to comfortable position.

C. Steps ending procedure

12. Place call signal within reach, if needed.
13. Remove, clean and store equipment.
14. Wash your hands.
15. Record observations.
    NOTE: Report anything unusual to charge nurse.

IV. Summary and Conclusion

A. Key points for back rub/skin care

B. Specific measures related to back rub/skin care

C. Ask interaction items.

D. Review steps of procedure.

LESSON PLAN: 9

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

INTERACTION ITEMS:

1. How do you warm the lotion before applying?
2. In what direction do you massage the resident's back?
3. What observations could you make at this time?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Instructor demonstrates back rub procedure.
2. Students practice back rub procedure.

LESSON PLAN: 9

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

EVALUATION ITEMS:

1. Which of the following is not a purpose of giving a back rub/skin care? (Circle the correct answer.)
   - a. Increase tension
   - b. Relax muscles
   - c. Stimulate circulation
   - d. Relieve tension

2. List five observations you could make while giving a back rub/skin care.
   - a.
   - b.
   - c.
   - d.

For each of the following, write "T" if the statement is true, or "F" if it is false.

_____ 3. Lotion should be warmed before applying it to the skin by rubbing a small amount in the palms of your hands.

_____ 4. Powder is useful for elderly residents since it has a moisturizing effect on the skin.

_____ 5. Shake powder generously to the area that you are applying it to.

_____ 6. The elderly resident must be handled gently to prevent skin tears/bruising.

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LESSON PLAN: 9

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

EVALUATION ITEMS: NAME OF STUDENT:__________________

BACK RUB

EQUIPMENT:

1. Lotion
2. Bath towel (with bed bath)
3. Washcloth (with bed bath)
4. Basin with water (with bed bath)
5. Soap and soap dish

DID THE STUDENT	YES	NO
Back Rub A. Steps beginning procedure 1. Wash hands.		
2. Assemble necessary equipment.		
3. Identify and greet resident. Identify self.		
4. Explain procedure to resident.		
5. Provide privacy.		
B. Back rub procedure 6. Position resident on the side of bed closest to him/her, then turn resident on side or assist into the prone position.		
7. Place bath towel lengthwise close to resident's back to protect bedding.		
8. Wash, rinse and dry back (if giving a bed bath or if the back is soiled).		
9. Warm lotion, then apply to entire back. Begin at the lower back and apply up both sides of spinal column to neck, across shoulders and down to lower back.		

		YES	NO
	10. Massage the buttocks; massage until lotion is absorbed into the skin. Remove the towel.		
	11. Adjust bed covers and assist resident to comfortable position.		
C.	Steps ending procedure 12. Place call signal within reach, if needed.		
	13. Remove, clean and store equipment.		
	14. Wash hands.		
	15. Record observations and report anything unusual to charge nurse.		

The student has satisfactorily completed the procedure "BACK RUB/SKIN CARE" according to the steps outlined.

Instructor's/Charge Personnel's Signature
(Verifying Satisfactory Completion)

(Date)

LESSON PLAN: 9

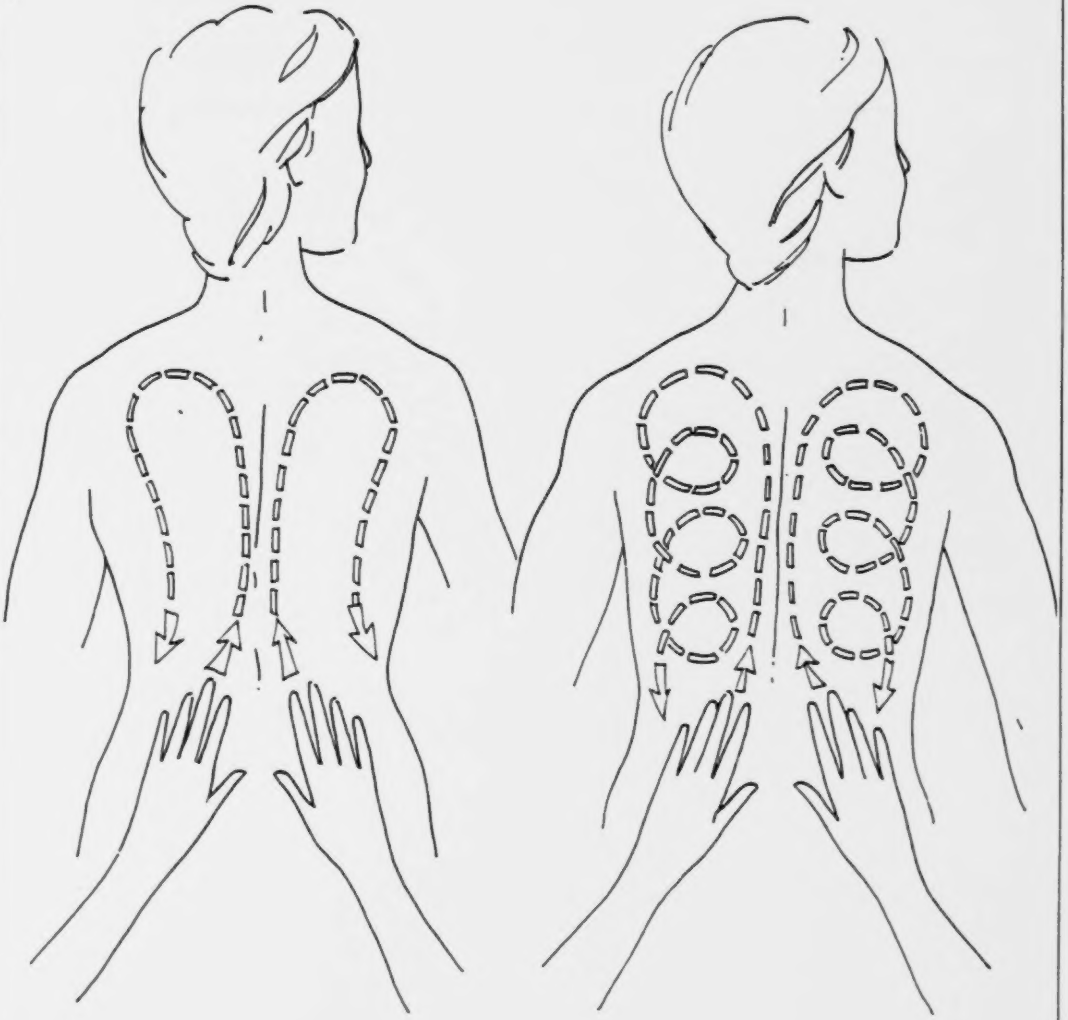
COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

ANSWERS TO EVALUATION ITEMS:

1. a
2. The student may list any five of the following:
   a. Irritation/redness
   b. Rashes
   c. Bruises
   d. Swelling
   e. Excessive dryness
   f. Sores, lumps or growths
   g. Cuts, abrasions, burns
   h. Mottled skin that is cool to touch
3. T
4. F
5. F
6. T

Back Rub Methods



Long Stroke

Circular Stroke

HO 2

Which Nurse Assistant Are You?

NURSE ASSISTANT NUMBER ONE

She comes to my room all sad
and forlorn,
Acts like she wishes she had
never been born,
She shrugs her shoulders
And drops her head
As she tiresomely tugs
At the spread,

Then she says very weakly,
"Want a back rub tonight?"
I can't tire her further so
I say, "I'm alright."
Then she pats on my shoulder
And says with a grin
How much she adores me, what a
Good patient I've been.
Then she slides from the room,
Out into the night,
Hoping all of her patients
Will say, "I'm alright."

NURSE ASSISTANT NUMBER TWO

My weary little room
She hits like a breeze,
Smiling and talking and
Wanting to please.
"It's backrub time, Mrs. Smith,
Turn over, let's go."
Then she has me face downward
'Fore I can say no.

Then she tugs at my linens till
They're smooth and neat.
She fluffs up my pillow...
That's always a treat.
Those little uncharted things that
Doctors don't see
Are always remembered by sick
Folks like me.

When I'm healthy
And home again,
You know what I'll do...
I'll always remember
Nurse Assistant Number Two.

Author Unknown

LESSON PLAN: 10

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

SCOPE OF UNIT:

Aspects of the structure and function of the skin and its appendages will be presented in this unit. Medical terminology associated with the skin is included. This unit includes the following care of the resident: occupied bed making, complete and partial bed bath, tub and shower bath, perineal care, hair care, shaving the resident, nail care, skin care, dressing and undressing, warm and cold applications, and decubitus care.

INFORMATION TOPIC: VIII-10 AND DEMONSTRATION: VIII-10

DRESSING AND UNDRESSING
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Identify five key points of dressing and undressing.
2. Demonstrate how to assist the resident to dress and undress according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Articles of clothing appropriate for proper dress of resident.

INFORMATIONAL ASSIGNMENT:

REFERENCES:

Fouts, Janet and Lynn Mullen. Nursing Assistant Training Manual. Beaverton, OR: Medi Form Printers and Publishers, Inc., 1984, pp. 87-88.

Johnson-Pawlson, Jean and Marsha Goodwin. How to Be a Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1985. pp. 136-138.

McClelland, Sharon and Geraldine Kaspar. A Clinical Manual for Nursing Assistants. Belmont, CA: Wadsworth Health Sciences Division, 1985, pp. 134-135.

INTRODUCTION:

An essential part of good grooming is wearing appropriate, clean, and neat clothing. Allow the resident to choose what to wear. If the resident has difficulty making decisions, don't open the closet and expect him/her to pick something out. Rather, you suggest two different outfits and let him/her choose one. This allows the resident to make some decisions. The resident, because of illness or disability, may not be able to get dressed independently. You, as a health services assistant, will then be responsible for doing so. Remember the importance of allowing the resident to do anything that he/she can. This will reduce feelings of being so dependent upon others.

LESSON PLAN: 10

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

I. Key Points of Dressing and Undressing

A. Supervise appropriate dress depending upon weather and occasion. Remember the elderly have poorer circulation, less fat, and they also are less active; thus they may complain of feeling cold even if you are warm. Dress resident as he/she requests.

B. Assure complete dress depending upon resident.

1. Underwear - bra, panties, or T-shirt, shorts

2. Shoes and stockings - important for the elderly to have both on for warmth and proper support

3. Sweaters and jackets - this is appropriate for many residents even in the summer since they may feel colder

4. Lap robe - for residents in g/c or w/c and with a catheter

C. Dress with clean clothes after bathing and at any time clothing is soiled.

D. Encourage clothes that open down the front for handicapped residents.

E. Do not put clothes on backwards. This is not appropriate.

F. Be aware of those residents whose family does their laundry. Place soiled clothes in proper hamper.

G. All personal clothing should have name tags sewn in or marked with ink that will not wash out. Avoid marking where name will show (on outside of garment).

H. Send clothing to appropriate department if it needs to be mended. Residents should not have to wear clothing that is in need of repair.

II. Steps of Procedure for Dressing the Resident

A. Steps beginning procedure

1. Wash your hands.

2. Assemble necessary clothing.

3. Identify and greet resident. Identify self.
4. Explain what you are going to do.

5. Provide privacy.

B. Dressing procedure

6. Assist resident in removing gown, pajamas, or soiled clothing.

7. If resident is in bed, put on underclothes, stockings, and slacks while he/she is lying down.

8. Brassiere

   a. If resident can assist, place around her chest so fasteners are in front; fasten bra.

   b. Shift it around so fasteners are in back.

   c. Instruct resident to slip arms through the shoulder straps.

9. Undershirt/slip

   a. Assist or have resident put arms into undershirt/slip first.

   b. Assist/have resident put head into undershirt/slip.

   c. Check and make sure undershirt/slip does not remain rolled up on resident's back—pull down to waist.

10. Stockings/socks

   a. Roll the stocking down from the opening to just beyond the heel.

   b. Support resident's ankle and slip rolled stocking over the toes; position it over the heel, and pull it up smoothly over the leg.

11. Underpants/slacks/pants

   a. Put both legs in pants; slide up to hips.

   b. Have resident lift his/her hips and pull pants up. If resident is unable to, turn to one side and slip pants over hip, then turn to opposite side and pull pants over hip.

   c. Zip the zipper and fasten (if applicable).

   d. If resident has catheter leave the fly open to allow for tubing; then pin the fly shut.

12. Shoes

   a. Always help resident put shoes on before standing up from bed to avoid slipping on floor.

   b. Loosen laces and pull tongue of shoe forward and up.

   c. Support resident's ankle as you slide the toes, foot and heel into the shoe.

   NOTE: Use a shoehorn if available.

   d. If possible, have resident stand and then tie shoelaces.

13. Raise the head of the bed to a near sitting position; or assist resident into a sitting position on side of bed or into a chair at bedside.

14. Dress/shirt

   a. Assist/have resident put weak arm in sleeve of garment first while there is more "give."

   b. Put other arm in next.

   c. If both arms are weak, put dress on over feet, then put arms in sleeves.

15. Pullover sweater/shirt - put on like undershirt.

C. Steps ending procedure

16. Remove, clean (if garment is soiled), and store removed clothes.

17. Wash your hands.

18. Record observations.

NOTE: Report anything unusual to charge nurse.

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III. Steps of Procedure for Undressing the Resident

A. Steps beginning procedure

1-5. See steps 1-5 of procedure for dressing the resident.

B. Undressing procedure

6. Assist resident from chair to the bed; if he/she is able, have resident sit on side of bed. If unable, help resident to lie down.

7. Remove shoes (if resident will be lying down).

   a. Loosen shoelaces; pull tongue of shoe forward and up.

   b. Support ankle and slide foot out of shoe.

   c. Store shoes in closet.

8. Remove stockings.

   a. Roll stocking down to ankle.

   b. Support ankle and slide stocking off foot.

9. Pullover sweater/shirt

   a. Loosen first (unzip/unbutton) and grasp the bottom of garment at back and pull to the neck.

   b. Pull over head.

   c. Then pull off from arms.

10. Dress/shirt

    a. Loosen first and remove the sleeve of garment from the strong arm.

    b. If resident is lying down, roll resident and tuck the half-removed garment under resident.

    c. Return resident to back; turn him/her slightly in the opposite direction; grasp the garment and pull out.

    d. Remove garment from weak arm.

    e. Follow same sequence if resident is sitting up.

11. Slacks/pants/underpants

    a. Unfasten pants at waist and unzip.

b. Have resident stand if able and pull pants off legs.

c. If resident is lying down, have him/her lift hips up and slip pants down over buttocks. If resident is unable to do this, roll resident toward you and slip pants down over hip; then turn to back and to opposite side and pull pants down over other hip.

d. Return resident to back and slide pants down over legs and pull from feet.

e. Remove shoes and stockings if resident was standing.

12. Undershirt/slip is removed following steps for pullover sweater/shirt.

13. Brassiere

a. Unfasten bra/assist resident to unfasten bra.

b. Slip arms out of shoulder straps.

14. Assist/have resident put on gown or pajamas.

15. Assist resident to bed if not in bed.

16. Place call signal within reach.

C. Steps ending procedure

17-19. See steps 16-18 of procedure for dressing the resident.

III. Summary and Conclusion

A. Key points of dressing and undressing

B. Ask interaction items.

C. Review steps of procedures.

LESSON PLAN: 10

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

INTERACTION ITEMS:

1. Which arm should be placed in garments first if the resident has a nonfunctioning/weak side?
2. What clothes can you put on the resident before sitting up?
3. Why do you have residents put on shoes before standing?
4. What should always be done after the resident has been undressed and put to bed?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Instructor demonstrates dressing and undressing a resident. (May have a student put on clothing over his/her own clothing if Chase doll not available.)
2. Students practice dressing and undressing procedure.

LESSON PLAN: 10

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

EVALUATION ITEMS:

1. Elderly residents may feel colder due to: (Circle the letter of the correct answer.)

   a. Senility
   b. Inadequate heating systems
   c. Poorer circulation and less fat
   d. Because they like to complain

2. Complete dress includes: (Circle the letter of the correct answer.)

   a. Underwear
   b. Shoes and stockings
   c. Sweaters and jackets
   d. All of the above

For each of the following, write "T" if the answer is true, or "F" if it is false.

_____ 3. Always dress residents who are handicapped with clothes on backwards since it is easier to get them on and off.

_____ 4. Dress the resident with clean clothes after bathing.

_____ 5. It is not the health services assistant's responsibility to send clothing to the appropriate department for mending.

LESSON PLAN: 10

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

EVALUATION ITEMS: NAME OF STUDENT: ________________

DRESSING AND UNDRESSING

EQUIPMENT:

1. Articles of clothing appropriate for proper dress of resident

DID THE STUDENT	YES	NO
Dressing the Resident A. Steps beginning procedure 1. Wash hands.		
2. Arrange necessary clothing.		
3. Identify and greet resident. Identify self.		
4. Explain procedure to resident.		
5. Provide privacy.		
B. Dressing procedure 6. Assist resident in removing gown, pajamas, or soiled clothing.		
7. If resident is in bed, put on underclothes, stockings, and slacks while lying down.		
8. Brassiere a. If resident can assist, place around her chest so fasteners are in front; fasten bra.		
b. Shift it around so fasteners are in back.		

	YES	NO
c. Instruct resident to slip arms through the shoulder straps.		
9. Undershirt/slip a. Assist or have resident put arms into undershirt/slip first.		
b. Assist/have resident put head into undershirt/slip.		
c. Check and make sure undershirt/slip does not remain rolled up on resident's back—pull down to waist.		
10. Stockings/socks a. Roll the stocking down from the opening to just beyond the heel.		
b. Support resident's ankle and slip rolled stocking over the toes; position it over the heel and pull it up smoothly over the leg.		
11. Underpants/slacks/pants a. Put both legs in pants; slide up to hips.		
b. Have resident lift his/her hips and pull pants up. If resident is unable to, turn to one side and slip pants over hip; then turn to opposite side and pull pants over hip.		
c. Zip the zipper and fasten (if applicable).		
d. If resident has catheter, leave the fly open to allow for tubing; then pin the fly shut.		
12. Shoes a. Always help resident put shoes on before standing up from bed to avoid slipping on floor.		

	YES	NO
b. Loosen laces and pull tongue of shoe forward and up.		
c. Support resident's ankle as you slide the toes, foot, and heel into the shoe.		
d. If possible, have resident stand and then tie shoelaces.		
13. Raise the head of the bed to a near sitting position; or assist resident into a sitting position on side of bed or to a chair at bedside.		
14. Dress/shirt a. Assist/have resident put weak arm in sleeve of garment first while there is more "give."		
b. Put other arm in next.		
c. If both arms are weak, put dress on over feet; then put arms in sleeves.		
15. Pullover sweater/shirt - put on like undershirt.		
C. Steps ending procedure 16. Remove, clean (if garment soiled), and store removed clothes.		
17. Wash hands.		
18. Record observations and report anything unusual to charge nurse.		
Undressing the Resident A. Steps beginning procedure 1-5. Complete steps 1-5 of procedure for dressing the resident.		

	YES	NO
B. Undressing procedure 6. Assist resident from chair to the bed; if he/she is able have resident sit on side of bed. If unable, help resident to lie down.		
7. Remove shoes (if resident will be lying down).		
a. Loosen shoelaces; pull tongue of shoe forward and up.		
b. Support ankle and slide foot out of shoe.		
c. Store shoes in closet.		
8. Remove stockings. a. Roll stocking down to ankle.		
b. Support ankle and slide stocking off foot.		
9. Pullover sweater/shirt a. Loosen first (unzip/unbutton) and grasp the bottom of garment at back and pull to the neck.		
b. Pull over head.		
c. Then pull off from arms.		
10. Dress/shirt a. Loosen first and remove the sleeve of garment from the strong arm.		
b. If resident is lying down, roll resident and tuck the half-removed garment under resident.		
c. Return resident to back; turn him/her slightly in the opposite direction; grasp the garment and pull out.		
d. Remove garment from weak arm.		

	YES	NO
e. Follow same sequence if resident is sitting up.		
11. Slacks/pants/underpants a. Unfasten pants at waist and unzip.		
b. Have resident stand if able and pull pants off legs.		
c. If resident is lying down, have him/her lift hips up and slip pants down over buttocks. If resident is unable to do this, roll resident toward you and slip pants down over hip; then turn to back and to opposite side and pull pants down over other hip.		
d. Return resident to back and slide pants down over legs and pull from feet.		
e. Remove shoes and stockings if resident was standing. 12. Undershirt/slip - remove following steps for pullover sweater/shirt.		
13. Brassiere a. Unfasten bra/assist resident to unfasten bra.		
b. Slip arms out of shoulder straps. 14. Assist/have resident put on gown or pajamas.		
15. Assist resident to bed if not in bed.		
16. Place call signal within reach.		
C. Steps ending procedure 17-19. Complete steps 16-18 of procedure for dressing the resident.		

The student has satisfactorily completed the procedure "DRESSING AND UNDRESSING" according to the steps outlined.

Instructor's/Charge Personnel's Signature
(Verifying Satisfactory Completion)

Date

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LESSON PLAN: 10

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

ANSWERS TO EVALUATION ITEMS:

1. e
2. d
3. F
4. T
5. F

LESSON PLAN: 11

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

SCOPE OF UNIT:

Aspects of the structure and function of the skin and its appendages will be presented in this unit. Medical terminology associated with the skin is included. This unit includes the following care of the resident: occupied bed making, complete and partial bed bath, tub and shower bath, perineal care, hair care, shaving the resident, nail care, skin care, dressing and undressing, warm and cold applications, and decubitus care.

INFORMATION TOPIC: VIII-11 OR DEMONSTRATION:

APPLYING HEAT AND COLD
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Identify the purpose of applying heat.
2. List three uses for heat application.
3. Recognize three types of heat application.
4. Identify signs of complications of heat application.
5. Identify the purpose of applying cold.
6. List three uses for cold application.
7. Recognize three types of cold application.
8. Identify signs of complications of cold application.
9. Recognize safety measures to follow when applying heat/cold.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Trainex filmstrip: "The Application of Heat and Cold"
2. Heat lamp
3. Hot water bottle

4. Hot water bottle
5. Heating pad
6. Ice bag

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 333-338.

REFERENCES:

Fouts, Janet and Lynn Mullen. Nursing Assistant Training Manual. Beaverton, OR: Medi Form Printers and Publishers, Inc., 1984, pp. 240-244.

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 333-338.

Sorrentino, Sheila A. Mosby's Textbook for Nursing Assistants. St. Louis: The C.V. Mosby Co., 1984, pp. 369-384.

INTRODUCTION:

Applications of heat and cold are ordered by the physician to promote healing and comfort and to reduce swelling. Heat and cold have opposite effects on the blood vessels. Applying heat/cold may be a responsibility of the health services assistant. If so, it is important to keep in mind some basic principles and safety precautions in order to avoid injury or discomfort to the resident.

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

OUTLINE: (Key Points)

I. Purpose of Heat Application (II-1)

  A. The purpose of heat is to cause the blood vessels to dilate where applied; more blood flow increases the amount of oxygen and nutrients to the area which promotes tissue healing.

  B. Dilation of blood vessels also speeds up removal of waste products, poisonous substances, and excess fluid from the area.

  C. Uses

    1. Relieves pain, as in muscular spasm, by relaxing muscles

    2. Reduces inflammation

    3. Provides warmth and comfort

II. Types of heat application

  A. Warm compresses - moist heat

  B. Heat lamp - dry heat

  C. Hot water bottle

    1. Dry heat

    2. Check bag for leaks before applying.

    3. Fill 2/3 full.

    4. Expel air.

    5. Cover with flannel bag before applying.

  D. Heating pad - dry heat

  E. Warm soaks - moist heat

  F. Sitz bath

III. Complications of Heat Applications (II-2)

A. High temperature can result in burns; remember the skin of the elderly is more fragile and easily damaged; check every five minutes.

B. Complications may also occur in residents with poor sensation, circulation problems, or those who are confused.

C. Signs that indicate burns (II-3)

1. Pain or sensitivity at the site of application

2. Site appears very reddened or darkened

3. Blisters

4. Any of these signs would indicate to discontinue treatment immediately and report to the charge nurse.

IV. Purpose of Cold Application

A. The purpose of cold is to cause the blood vessels to constrict where applied; less blood flow descreases the amount of oxygen and nutrients to the area which will reduce the amount of toxic substances and waste products produced. (II-4)

B. Uses

1. Reduce pain, has numbing effect

2. Prevent swelling

3. Cool the body when fever is present

4. Control bleeding

V. Types of Cold Application

A. Cold compresses - moist cold

B. Cold sponge bath - moist cold

C. Ice bag

1. Dry cold

2. Check for leaks before filling

3. Use crushed ice to fill the bag 2/3 full (it can be molded to the resident' body part)

4. Should be placed in a flannel covering

    5. Should be left in place for 30 minutes
    6. Wait two hours and then reapply.

VI. Complications of Cold Application (II-5)

  A. Cold temperature can result in tissue damage.

  B. Signs that indicate tissue damage

    1. Pain
    2. Cyanosis
    3. Burns and blisters from intense cold

VII. Safety Measures to Follow when Applying Heat/Cold

  A. Always check the temperature of a solution by using a thermometer or the inner aspect of your lower arm.

  B. Check any type of electrical device to be sure the temperature control is properly set and that there are no frayed cords.

  C. Make sure you know how to operate the equipment required for the procedure; if not, ask the charge nurse for instructions.

  D. Check the skin frequently when heat/cold is applied for signs of complications according to procedure and condition of the resident.

  E. Know how long the application is to be left in place and carefully monitor the time.

  F. Expose only the body part where the heat/cold is to be applied.

  G. Make sure the signal light is within easy reach of the resident.

VIII. Summary and Conclusion

  A. Purpose of heat application
  B. Types of heat application
  C. Complications of heat application
  D. Purpose of cold application
  E. Types of cold application
  F. Complications of cold application
  G. Safety measures to follow when applying heat or cold

LESSON PLAN: 11

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

INTERACTION ITEMS:

1. How does increased blood flow promote healing?
2. What is the major complication from applying heat?
3. How often should the skin be checked when applying heat? or cold?
4. How does decreased blood flow prevent swelling/bleeding?
5. What kind of signs may indicate tissue damage from prolonged exposure to cold?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Show filmstrip.
2. Show types of equipment used to apply heat/cold.

LESSON PLAN: 11

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

EVALUATION ITEMS:

1. The purpose of heat is to: (Circle the letter of the correct answer.)

   a. Dilate blood vessels; increase blood flow
   b. Dilate blood vessels; decrease blood flow
   c. Constrict blood vessels; increase blood flow
   d. Constrict blood vessels to stop blood flow

2. List three uses for heat.

   a.

   b.

   c.

3. Heat can be applied by which of the following methods? (Circle the letter of the correct answer.)

   a. Heat lamp
   b. Hot water bottle
   c. Heating pad
   d. All of the above

4. Which of the following is not a sign that would indicate a complication of heat? (Circle the letter of the correct answer.)

   a. Reddened appearance
   b. Chilling
   c. Blisters
   d. Pain at the site

5. The purpose of cold is to: (Circle the letter of the correct answer.)

   a. Dilate blood vessels; increase blood flow
   b. Constrict blood vessels; decrease blood flow
   c. Constrict blood vessels; increase blood flow
   d. Dilate blood vessels; decrease blood flow

6. List three uses for cold application.

   a.

   b.

   c.

7. Which of the following is not a method of applying cold? (Circle the letter of the correct answer.)

   a. Cold compresses
   b. Ice bag
   c. Cold sponge bath
   d. Tepid bath

8. Which of the following is not a sign that would indicate a complication of cold? (Circle the letter of the correct answer.)

   a. Pain
   b. Cyanosis
   c. Blisters
   d. Reddened appearance

For each of the following, write "T" if the statement is true, or "F" if it is false.

____ 9. Never apply a solution for heat and cold application without checking the temperature first.

____10. Expose only the area to be treated with heat/cold.

____11. Make sure the signal light is within easy reach of the resident when applying heat/cold.

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LESSON PLAN: 11

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

ANSWERS TO EVALUATION ITEMS:

1. a
2. a. Relieve pain by relaxing muscles
   b. Reduce inflammation
   c. Provide warmth and comfort
3. d
4. b
5. b
6. a. Reduce pain - numbing effect
   b. Prevent swelling
   c. Cool the body when fever is present
7. d
8. d
9. T
10. T
11. T

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LESSON PLAN: 12

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

SCOPE OF UNIT:

Aspects of the structure and function of the skin and its appendages will be presented in this unit. Medical terminology associated with the skin is included. This unit includes the following care of the resident: occupied bed making, complete and partial bed bath, tub and shower bath, perineal care, hair care, shaving the resident, nail care, skin care, dressing and undressing, warm and cold applications, and decubitus care.

INFORMATION TOPIC: OR DEMONSTRATION: VIII-12

APPLYING AN ICE BAG OR ICE CAP
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Demonstrate how to apply an ice bag or ice cap according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Ice cap
2. Ice bag and wrapper
3. Ice

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. *Being a Nursing Assistant*. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 344-345.

REFERENCES:

Schniedman, Rose and Susan Lambert. *Being a Nursing Assistant*. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 344-345.

INTRODUCTION:

We have discussed reasons for applying heat applications. An ice cap or ice bag may be ordered for several reasons - perhaps to relieve pain and reduce swelling, to control bleeding, or to lower the body temperature. Whatever the reason for cold application, it is important to keep in mind the safety and comfort of the resident. Since frostbite and damage to the lower body tissues could result from too long an application, it becomes necessary to observe the resident's skin condition every thirty minutes. Cold application should be discontinued at two-hour intervals or as the physician orders. You will now learn how to fill an ice cap or bag.

LESSON PLAN: 12

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

STEPS OF PROCEDURE:

Applying an Ice Bag or Ice Cap

Steps beginning procedure

1. Wash your hands.
2. Assemble necessary equipment.
3. Identify and greet resident. Identify self.
4. Explain what you are going to do.
5. Provide privacy.

Ice bag/ice pack procedure

6. Test equipment for leaks by filling with water.

   NOTE: This is done outside the resident's room, usually in the dirty utility room.

7. Use clean basin, scoop, or spoon to collect ice.
8. Fill ice cap or ice bag 1/2 to 2/3 full.
9. Expel all air by placing bag on flat surface and pressing down over the ice and the air pocket around the opening.
10. Dry outside of bag or cap. If moisture is left on the bag, it may penetrate and cause injury.
11. Apply cover (fitted wrapper or towel pinned around equipment).
12. Apply to indicated area.
13. Check every 10 minutes for skin reactions.
14. Remove cap or bag when time has elapsed or refill equipment if necessary.
15. Application discontinued at two-hour intervals or per physician's order.

Steps ending procedure

16. Remove, clean, and store equipment.

    a. Dry exterior.

    b. Hang upside-down without cap closing.

    c. Store appliance inflated and closed in a cool place after drying.

17. Wash your hands.

18. Make resident comfortable; place call signal within reach.

19. Record observations.

    NOTE: Report anything unusual to charge nurse.

SUMMARY AND CONCLUSION:

1. Ask interaction items.

2. Review steps of procedure.

LESSON PLAN: 12

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

INTERACTION ITEMS:

1. How full should you fill the ice bag?
2. Why should you dry the ice bag?
3. How often should the resident be checked when he/she has on an ice bag?
4. How often should application be discontinued?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Instructor demonstrates applying an ice bag/ice cap.
2. Students demonstrate applying an ice bag/ice cap.

LESSON PLAN: 12

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

EVALUATION ITEMS: NAME OF STUDENT: ____________________

APPLYING AN ICE BAG OR ICE CAP

EQUIPMENT:

1. Ice cap
2. Ice bag and wrapper
3. Ice

DID THE STUDENT	YES	NO
A. Steps beginning procedure 1. Wash hands.		
2. Assemble necessary equipment.		
3. Identify and greet resident. Identify self.		
4. Explain procedure to resident.		
5. Provide privacy.		
B. Steps of procedure 6. Test equipment for leaks by filling with water.		
7. Use clean basin, scoop, or spoon to collect ice.		
8. Fill ice cap or ice bag 1/2 to 2/3 full.		
9. Expel all air from bag.		
10. Dry outside of bag or cap.		
11. Apply cover (fitted wrapper or towel pinned around equipment).		
12. Apply to indicated area.		

13. Check every 10 minutes for skin reactions.		
14. Remove cap or bag when time has elapsed or refill equipment if necessary.		
15. Application discontinued at two-hour intervals or per physician's order.		
C. Steps ending procedure 16. Remove, clean, and store equipment. a. Dry exterior.		
b. Hang upside-down without cap closing.		
17. Wash hands.		
18. Make resident comfortable; place call signal within reach.		
19. Record observations and report anything unusual to the charge nurse.		

The student has satisfactorily completed the procedure "APPLYING AN ICE BAG OR ICE CAP" according to the steps outlined.

Instructor's/Charge Personnel's Signature
(Verifying Satisfactory Completion)

Date

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LESSON PLAN: 13

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

SCOPE OF UNIT:

Aspects of the structure and function of the skin and its appendages will be presented in this unit. Medical terminology associated with the skin is included. This unit includes the following care of the resident: occupied bed making, complete and partial bed bath, tub and shower bath, perineal care, hair care, shaving the resident, nail care, skin care, dressing and undressing, warm and cold applications, and decubitus care.

INFORMATION TOPIC: OR DEMONSTRATION: VIII-13

APPLYING A WARM MOIST COMPRESS
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Demonstrate how to apply a warm moist compress according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Applying a Warm Moist Compress
2. Basin
3. Bath thermometer
4. Compress - small towel, washcloth, or gauze squares
5. Plastic wrap
6. Ties, tape, or rolled gauze
7. Bath towel
8. Waterproof bed protector

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, p. 339.

REFERENCES:

Fouts, Janet and Lynn Mullen. Nursing Assistant Training Manual. Beaverton, OR: Medi Form Printers and Publishers, Inc., 1984, pp. 241-242.

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, p. 339.

Sorrentino, Sheila A. Mosby's Textbook for Nursing Assistants. St. Louis: The C.V. Mosby Co., 1984, p. 371.

INTRODUCTION:

A compress is a small towel, gauze square, or washcloth which is applied to a small area of the body. This procedure will only be performed by the health services assistant if the skin is intact, and it is not considered a sterile procedure. The charge nurse would be responsible for that type of compress. Make pertinent observations when applying this type of heat.

LESSON PLAN: 13

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

STEPS OF PROCEDURE:

Applying a Warm Moist Compress

Steps beginning procedure

1. Wash your hands.
2. Assemble necessary equipment.
3. Identify and greet resident. Identify self.
4. Explain what you are going to do.
5. Provide privacy.

Warm moist compress procedure (HO 1)

6. Position resident in a comfortable position.
7. Place waterproof bed protector under the body part that is to receive moist compress.
8. Fill basin 1/2 to 2/3 full with hot water that is 105° to 115°F.
9. Place compress into hot water.
10. Wring out compress so water is not dripping from it.
11. Apply to specified area and note time of application.
12. Cover compress with a plastic wrap and then with a bath towel.
13. Secure towel in place with ties, tape or rolled gauze.

    NOTE: May apply warm water bottle/heating pad if ordered.
14. Make sure signal light is within reach; check area every five minutes; change compress if cooling occurs.
15. Remove moist compress after 20 minutes; pat dry with a towel.

Steps ending procedure

16. Remove, clean, and store equipment.

17. Wash your hands.
18. Make the resident comfortable; place call signal within reach.

19. Record observations.

NOTE: Report anything unusual to charge nurse.

SUMMARY AND CONCLUSION:

1. Ask interaction items.

2. Review steps of procedure.

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LESSON PLAN: 13

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

INTERACTION ITEMS:

1. After applying the compress, what should you put over it?
2. What could you put on top of the area to provide additional heat?
3. How long do you leave a moist compress on?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Instructor demonstrates applying warm moist compress.
2. Students demonstrate applying warm moist compress.

LESSON PLAN: 13

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

EVALUATION ITEMS:

NAME OF STUDENT ____________________

APPLYING A WARM MOIST COMPRESS

EQUIPMENT:

1. Basin
2. Bath thermometer
3. Compress - small towel, washcloth or gauze squares
4. Plastic wrap
5. Ties, tape, or rolled gauze
6. Bath towel
7. Waterproof bed protector

DID THE STUDENT	YES	NO
A. Steps beginning procedure		
1. Wash hands.		
2. Assemble necessary equipment.		
3. Identify and greet resident. Identify self.		
4. Explain procedure to resident.		
5. Provide privacy.		
B. Steps of procedure		
6. Position resident in a comfortable position.		
7. Place waterproof bed protector under the body part that is to receive moist compress.		
8. Fill basin 1/2 to 2/3 full with hot water that is 105° to 115°F.		
9. Place compress into hot water.		
10. Wring out compress so water is not dripping from it.		

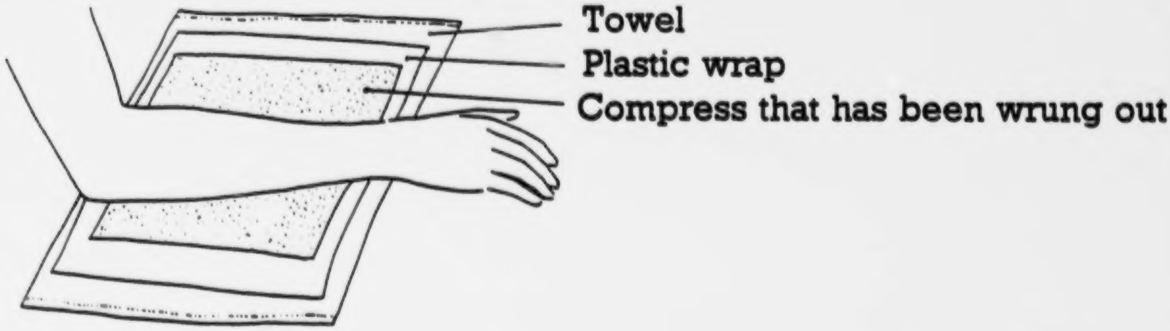
	YES	NO
11. Apply to specified area and note time of application.		
12. Cover compress with a plastic wrap and then with a bath towel.		
13. Secure towel in place with ties, tape or rolled gauze.		
14. Make sure signal light is within reach; check area every five minutes; change compress if cooling occurs.		
15. Remove moist compress after 20 minutes; pat dry with a towel.		
C. Steps ending procedure 16. Remove, clean, and store equipment.		
17. Wash hands.		
18. Make the resident comfortable; place call signal within reach.		
19. Record observations and report anything unusual to the charge nurse.		

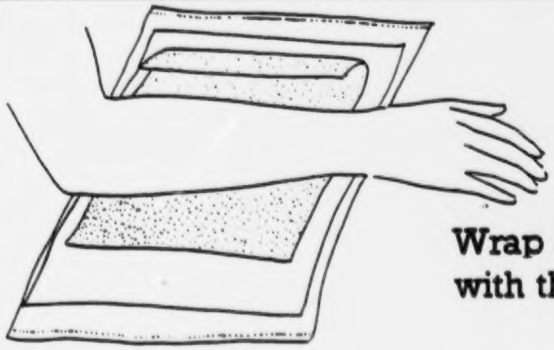
The student has satisfactorily completed the procedure "APPLYING A WARM MOIST COMPRESS" according to the steps outlined.

Instructor's/Charge Personnel's Signature
(Verifying Satisfactory Completion)

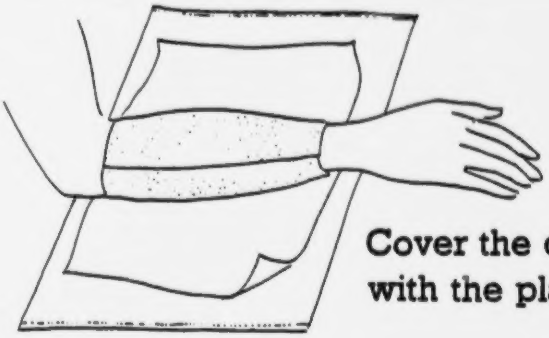
Date

Applying a Warm Moist Compress


Towel
Plastic wrap
Compress that has been wrung out

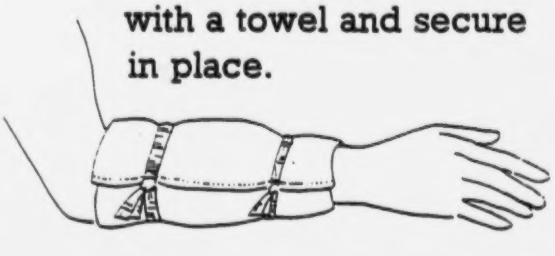


Wrap the extremity with the compress.



Cover the compress with the plastic wrap.

Cover the plastic wrap with a towel and secure in place.



Check the skin under the heat application for:

- Too much redness
- Discoloration of the skin
- If you think the patient is being burned, discontinue treatment

Report to the nurse immediately

LESSON PLAN: 14

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

SCOPE OF UNIT:

Aspects of the structure and function of the skin and its appendages will be presented in this unit. Medical terminology associated with the skin is included. This unit includes the following care of the resident: occupied bed making, complete and partial bed bath, tub and shower bath, perineal care, hair care, shaving the resident, nail care, skin care, dressing and undressing, warm and cold applications, and decubitus care.

INFORMATION TOPIC: OR DEMONSTRATION: VIII-14

APPLYING A WARM WATER BOTTLE
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Demonstrate how to apply a warm water bottle according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Warm water bottle
2. Cover (flannel)
3. Towel
4. Bath thermometer
5. Water - 100° to 115° F
6. Graduate

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 343-344.

REFERENCES:

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 343-344.

INTRODUCTION:

Heat relives inflammation by vasodilation (increasing circulation). It reduces discomfort due to chilling, and relaxes muscles, tendons, and ligaments. We have discussed the use of the warm water bottle and the principles of safety to be considered when applying heat. Always test warm water bottles for leaks before filling them. The temperature of the water should be between 100°-115°F. Today you will learn how to properly fill and administer this heat treatment, keeping first in mind the resident's safety and comfort.

LESSON PLAN: 14

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

STEPS OF PROCEDURE:

Applying a Warm Water Bottle

Steps beginning procedure

1. Wash your hands.
2. Assemble necessary equipment.
3. Identify and greet resident. Identify self.
4. Explain what you are going to do.
5. Provide privacy.

Warm water bottle procedure

6. Rinse warm water bottle with hot tap water; test for leaks.
7. Fill graduate with warm water and test temperature with bath thermometer (110°-115°).
8. Pour warm water into bag until approximately 1/2 full.
9. Expel air from bottle.
10. Close opening.
11. Dry top and neck of bottle.
12. Apply flannelette cover or wrap in dry towel to prevent burns and to secure in place.
13. Apply as ordered.
14. Record time, temperature of water, and area to which it is applied.
15. Make sure signal light is within reach; check resident's skin area and dryness of warm water bottle cover every five minutes to prevent burns.
16. Refill warm water bottle as often as necessary to retain desired heat.

Steps ending procedure

17. Remove, clean, and store equipment.
    a. Dry inside and outside of bottle.
    b. Store inflated in cool place.
18. Wash your hands.
19. Make resident comfortable; place call signal within reach.
20. Record observations.

    NOTE: Report anything unusual to charge nurse.

SUMMARY AND CONCLUSION:

1. Ask interaction items.
2. Review steps of procedure.

LESSON PLAN: 14

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

INTERACTION ITEMS:

1. What should you do before filling a warm water bottle?
2. What should be the temperature of the water that fills the warm water bottle?
3. How full should the bag be filled?
4. How often should the resident be checked?
5. How often should the warm water bottle be filled?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Instructor demonstrates applying warm water bottle.
2. Students practice applying warm water bottle.

LESSON PLAN: 14

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

EVALUATION ITEMS: NAME OF STUDENT: ____________________

APPLYING A WARM WATER BOTTLE

EQUIPMENT:

1. Warm water bottle
2. Cover (flannel)
3. Towel
4. Bath thermometer
5. Water - 110° to 115° F
6. Graduate

DID THE STUDENT	YES	NO
A. Steps beginning procedure		
1. Wash hands.		
2. Assemble necessary equipment.		
3. Identify and greet resident. Identify self.		
4. Explain procedure to resident.		
5. Provide privacy.		
B. Steps of procedure		
6. Rinse warm water bottle with hot tap water; test for leaks.		
7. Fill graduate with warm water and test temperature with bath thermometer (110°-115° F).		
8. Pour warm water into bag until approximately 1/2 full.		
9. Expel air from bottle.		
10. Close opening.		

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		YES	NO
11.	Dry top and neck of bottle.		
12.	Apply flannelette cover or wrap in dry towel to prevent burns and to secure in place.		
13.	Apply as ordered.		
14.	Record time, temperature of water, and area to which it is applied.		
15.	Make sure signal light is within reach; check resident's skin area and dryness of warm water bottle cover every five minutes to prevent burns.		
16.	Refill warm water bottle as often as necessary to retain desired heat.		
C.	Steps ending procedure		
17.	Remove, clean, and store equipment.		
a.	Dry inside and outside of bottle.		
b.	Store inflated in cool place.		
18.	Wash hands.		
19.	Make resident comfortable; place call signal within reach.		
20.	Record observations and report anything unusual to the charge nurse.		

The student has satisfactorily completed the procedure "APPLYING A WARM WATER BOTTLE" according to the steps outlined.

____
Instructor's/Charge Personnel's Signature
(Verifying Satisfactory Completion)

____
Date

LESSON PLAN: 15

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

SCOPE OF UNIT:

Aspects of the structure and function of the skin and its appendages will be presented in this unit. Medical terminology associated with the skin is included. This unit includes the following care of the resident: occupied bed making, complete and partial bed bath, tub and shower bath, perineal care, hair care, shaving the resident, nail care, skin care, dressing and undressing, warm and cold applications, and decubitus care.

INFORMATION TOPIC: OR DEMONSTRATION: VIII-15

APPLYING A HEAT LAMP
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Demonstrate how to apply a heat lamp according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Heat lamp
2. Bath blanket
3. Bath towel
4. Tape measure

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INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 346-347.

REFERENCES:

Fouts, Janet and Lynn Mullen. Nursing Assistant Training Manual. Beaverton, OR: Medi Form Printers and Publishers, Inc., 1984, p. 74.

Johnson-Pawlson, Jean and Marsha Goodwin. How to Be A Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1985, p.258.

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 346-347.

Sorrentino, Sheila A. Mosby's Textbook for Nursing Assistants. St. Louis: The C.V. Mosby Co., 1984, p. 377.

INTRODUCTION:

A heat lamp is a good way to promote circulation to an area; it is also useful to dry draining wounds such as a decubitus ulcer. A variety of heat lamps are available; a gooseneck type lamp is most common since it is flexible, allowing for various positions. Never put linen over a heat lamp, which would constitute a fire hazard.

LESSON PLAN: 15

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

STEPS OF PROCEDURE:

Applying a Heat Lamp

Steps beginning procedure

1. Wash your hands.
2. Assemble necessary equipment.
3. Identify and greet resident. Identify self.
4. Explain what you are going to do.
5. Provide privacy.

Heat lamp procedure

6. Plug in the lamp and allow it to warm up.
7. Cover resident with a bath blanket and fanfold top linens to foot of bed.
8. Expose body area that is to receive the heat.
9. Position the heat lamp so that it is a safe distance form the skin depending on wattage of light bulb, use tape measure to check the distance.

   NOTE: 40 watt bulb - 18 inches away
   60 watt bulb - 24 inches away

10. Note time of application.
11. Place call signal within the resident's reach.
12. Check the resident every five minutes to observe skin.
13. Remove heat lamp when treatment is completed. Return top linens to proper position and remove bath blanket.

    NOTE: Length of treatment is usually 20 minutes.

Steps ending procedure

14. Remove, clean, and store equipment.

15. Wash your hands.

16. Make the resident comfortable; place call signal within reach.

17. Record observations.

NOTE: Report anything unusual to the charge nurse.

SUMMARY AND CONCLUSION:

1. Ask interaction items.

2. Review steps of procedure.

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LESSON PLAN: 15

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

INTERACTION ITEMS:

1. With what should you cover the resident?
2. If using a 40 watt bulb, how far should the lamp be placed from the body? 60 watt bulb?
3. How often should the resident be checked?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Instructor demonstrates procedure of applying a heat lamp.
2. Students practice procedure of applying a heat lamp.

LESSON PLAN: 15

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

EVALUATION ITEMS: NAME OF STUDENT ____________________

APPLYING A HEAT LAMP

EQUIPMENT:

1. Heat lamp
2. Bath blanket
3. Bath towel
4. Tape measure

DID THE STUDENT	YES	NO
A. Steps beginning procedure		
1. Wash hands.		
2. Assemble necessary equipment.		
3. Identify and greet resident. Identify self.		
4. Explain procedure to resident.		
5. Provide privacy.		
B. Steps of procedure		
6. Plug in the lamp and allow it to warm up.		
7. Cover resident with a bath blanket and fanfold top linens to foot of bed.		
8. Expose body area that is to receive the heat.		
9. Position the heat lamp so that it is a safe distance from the skin depending on wattage of light bulb, use tape measure to check the distance.		
10. Note time of application.		
11. Place call signal within the resident's reach.		

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	YES	NO
12. Check the resident every five minutes to observe skin.		
13. Remove heat lamp when treatment is completed. Return top linens to proper position and remove bath blanket.		
C. Steps ending procedure 16. Remove, clean, and store equipment.		
17. Wash hands.		
18. Make the resident comfortable; place call signal within reach.		
19. Record observations and report anything unusual to the charge nurse.		

The student has satisfactorily completed the procedure "APPLYING A HEAT LAMP" according to the steps outlined.

____
Instructor's/Charge Personnel's Signature
(Verifying Satisfactory Completion)

____
Date

LESSON PLAN: 16

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

SCOPE OF UNIT:

Aspects of the structure and function of the skin and its appendages will be presented in this unit. Medical terminology associated with the skin is included. This unit includes the following care of the resident: occupied bed making, complete and partial bed bath, tub and shower bath, perineal care, hair care, shaving the resident, nail care, skin care, dressing and undressing, warm and cold applications, and decubitus care.

INFORMATION TOPIC: VIII-16 AND DEMONSTRATION: VIII-16

PREVENTING AND CARING FOR DECUBITUS ULCERS
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Describe the main cause of decubitus ulcers.
2. List four pressure areas.
3. Identify three residents prone to formation of decubitus ulcers.
4. List three early signs of a decubitus ulcer.
5. List observations that should be made about a decubitus ulcer.
6. Give decubitus care according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Pressure Areas
2. Trainex filmstrip #185: "Prevention and Treatment of Decubitus Ulcers"
3. Concept Media: "Pressure," Parts 1 and 2
4. Lotion

5. Heel and elbow pads
6. Sheepskin
7. Air or water mattress

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 202-208.

REFERENCES:

Fouts, Janet and Lynn Mullen. Nursing Assistant Training Manual. Beaverton, OR: Medi Form Printers and Publishers, Inc., 1984, pp. 69-71.

Johnson-Pawlson, Jean and Marsha Goodwin. How To Be A Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1985, 255-257.

McClelland, Sharon and Geraldine Kaspar. A Clinical Manual for Nursing Assistants. Monterey, CA: Wadsworth Health Sciences Division, 1985, pp. 89-91.

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 202-208.

Sorrentino, Sheila A. Mosby's Textbook for Nursing Assistants. St. Louis: The C.V. Mosby Co., 1984, pp. 243-245.

INTRODUCTION:

A decubitus ulcer is sometimes referred to as a pressure sore or a bedsore. It is one of the worst things that can happen to a resident. The health services assistant must remember that most decubitus ulcers can be prevented with good nursing care. There are rare situations where residents are in such condition that even the best nursing care is not enough.

Keep in mind that as the health services assistant, you can play a major role in the prevention of decubiti from developing. You will not be responsible for changing the dressing over a decubitus but may be asked to help the charge nurse during the procedure.

The following lesson will inform you of proper care and preventive measures of decubitus ulcers.

LESSON PLAN: 16

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

OUTLINE: (Key Points)

I. Decubitus Ulcers

   A. A decubitus ulcer is an inflammation, sore, or lesion that develops over areas where the skin and tissue underneath are injured due to a lack of blood flow.

   B. This lack of circulation usually happens because of continuous pressure on the skin over a bony prominence resulting from the way or length of time a resident is positioned. (II-1)

   C. Pressure is the main cause; other things such as heat, moisture, and irritating substances, such as hairpins/crumbs can hasten the development of sores.

   D. Pressure areas (HO 1)

      1. Back of ear

      2. Back of head

      3. Shoulder blade

      4. Back bone

      5. Elbow

      6. Crest of pelvis

      7. Hip bone

      8. Coccyx region

      9. Buttocks

      10. Knee cap

      11. Outside of ankle

      12. Inside of ankle

      13. Heel

II. Residents Prone to Forming Decubitus Ulcers

   A. Elderly residents - due to sluggish circulation, poor nutrition, lack of exercise/mobility

   B. Paralyzed residents - because of sensory deficit, lack of mobility

   C. Thin and malnourished residents - bony prominence is closer to skin surface

   D. Obese residents - skin in contact with skin can break down; example: underneath the breasts, between legs, and abdominal folds

   E. Incontinent residents - constant dampness irritates the skin

III. Indications of Decubitus Ulcers

   A. Stage I - early signs

      1. Redness and tenderness of the area (but no break in skin) which does not go away with gentle massage

      2. Complaints of a burning sensation

      3. Coldness of the area, bluish-grey color

      4. Presence of edema

   B. Stage II - skin becomes bluish, mottled, or dusky color, top layer of skin is broken or blistered

   C. Stage III - breakdown of deep layers of the skin; open sore

IV. Prevention of Decubitus Ulcers

   A. Determine which residents are prone to developing sores and check their skin condition frequently.

   B. Prevent pressure.

      1. Change the resident's position frequently at least every two hours. (II-2)

      2. Turning should be scheduled for helpless resident.

      3. Use antipressure devices.

         a. Alternating air pressure - cover with only one sheet and draw sheet to avoid additional layers of material between resident and mattress

         b. Air mattress - keeps pressure off half the body at a time; do not use pins or any sharp object near mattress

        c. Sheepskin - keeps skin dry with air circulating through "wool"; spreads pressure evenly

        d. Egg carton pad - distributes pressure evenly

        e. Pillows - provide support

        f. Overbed cradle - keeps weight of top linen off resident

        g. Waterbed - distributes pressure evenly

C. Promote good circulation.

    1. Use gentle massage over bony prominences and reddened areas.

    2. Passive and active exercises to stimulate circulation

D. Promote good skin condition.

    1. Keep skin clean and dry.

    2. Keep bed linen dry and free of wrinkles and any other irritating substance.

    3. Try to prevent incontinence.

        a. Change wet/soiled linens immediately.

        b. Wash peri area and dry thoroughly.

    4. Encourage good nutrition (protein, vitamins, and minerals) and fluid intake.

    5. Avoid injury to the skin.

E. Prevent friction on the resident's skin by avoiding:

    1. Wrinkles in bed sheet

    2. Pulling a resident up in bed/chair and dragging over sheets/pads instead of lifting

    3. Vigorous rubbing/massaging of skin

V. Observations to Make about Decubitus Ulcers

A. Location of the decubitus ulcer - "right inner ankle"

B. Condition of the skin - "reddened area"

C. Size of the decubitus ulcer - "about the size of a nickel"

D. Skin temperature - "warm to touch"

E. Any treatment you performed - "massaged area gently"

VI. Steps of Procedure for Decubitus Care

A. Steps beginning procedure

1. Wash your hands.
2. Assemble necessary equipment.
3. Identify and greet resident. Identify self.
4. Explain what you are going to do.

B. Decubitus care procedure

5. Check turning schedule.
6. Observe reddened area.
7. Wash skin area with soap and water if soiled.
8. Rub skin with lotion.
9. Rub gently from the outer area of redness to the center with a circular motion.
10. Place clean linen on bed if necessary.
11. Tighten linen (must be free from wrinkles).
12. Turn resident to side listed on turning schedule.

C. Steps ending procedure

13. Remove, clean, and store equipment.
14. Wash your hands.
15. Record observations.
16. Record care given, time given, and side to which resident was turned.

NOTE: Report anything unusual to the charge nurse.

VII. Summary and Conclusion

A. Decubitus ulcers

B. Residents prone to forming decubitus ulcers

C. Indications of decubitus ulcers

D. Prevention of decubitus ulcers

E. Observations to make about decubitus ulcers

F. Discuss interaction items.

G. Review steps of procedure.

A decubitus ulcer or bedsore can be as harmful to the human body as major surgery. It is worth every effort to prevent them. For every minute it takes to cause a decubitus it takes weeks to heal. Remember the basic prevention and treatment techniques are simply stimulating circulation and avoiding pressure on one area for a long period of time.

LESSON PLAN: 16

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

INTERACTION ITEMS:

1. What are some of the bony prominences?
2. Have you ever tried to sit lay/motionless for two hours?
3. How do you rub a reddened area of the skin when performing decubitus care?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Show students antipressure devices.
2. Show filmstrips.
3. Instructor demonstrates decubitus care procedure.
4. Students practice steps in decubitus care procedure.

LESSON PLAN: 16

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

EVALUATION ITEMS:

1. Describe the main cause of decubitus ulcers:

2. List four pressure areas.

   a.

   b.

   c.

   d.

3. Which of the following describes a resident prone to developing decubitus? Mark the correct answer(s) with a check (✓).

   ____a. Independently ambulatory resident

   ____b. Thin and malnourished resident

   ____c. Paralyzed resident

   ____d. Incontinent resident

   ____e. Obese resident

4. List three early signs of a decubitus ulcer.

   a.

   b.

   c.

5. Which of the following is not a necessary measure to prevent decubitus? (Circle the letter of the correct answer.)

   a. Promote good circulation
   b. Promote friction on the resident's skin
   c. Prevent pressure
   d. Promote good skin condition

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6. What five observations should be made when taking care of a resident with a decubitus ulcer?

a.

b.

c.

d.

e.

LESSON PLAN: 16

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII : RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

EVALUATION ITEMS: NAME OF STUDENT:____________

GIVE DECUBITUS CARE

EQUIPMENT:

1. Lotion
2. Heel and elbow pads
3. Sheepskin
4. Air or water mattress

DID THE STUDENT	YES	NO
A. Steps beginning procedure		
1. Wash hands.		
2. Assemble necessary equipment.		
3. Identify and greet resident. Identify self.		
4. Explain what you are going to do.		
B. Decubitus care procedure		
5. Check turning schedule.		
6. Observe reddened area.		
7. Wash skin area with soap and water if soiled.		
8. Rub skin with lotion.		
9. Rub gently from the outer area of redness to the center with a circular motion.		
10. Place clean linen on bed if necessary.		
11. Tighten linen (must be free from wrinkles).		
12. Turn resident to side listed on turning schedule.		

DID THE STUDENT	YES	NO
C. Steps ending procedure 13. Remove, clean, and store equipment.		
14. Wash hands.		
15. Record observations and report anything unusual to the charge nurse.		
16. Record care given, time given, and side to which resident was turned.		

The student has satisfactorily completed the procedure "GIVE DECUBITUS CARE" according to the steps outlined.

Instructor's/Charge Personnel's Signature
(Verifying Satisfactory Completion)

Date

LESSON PLAN: 16

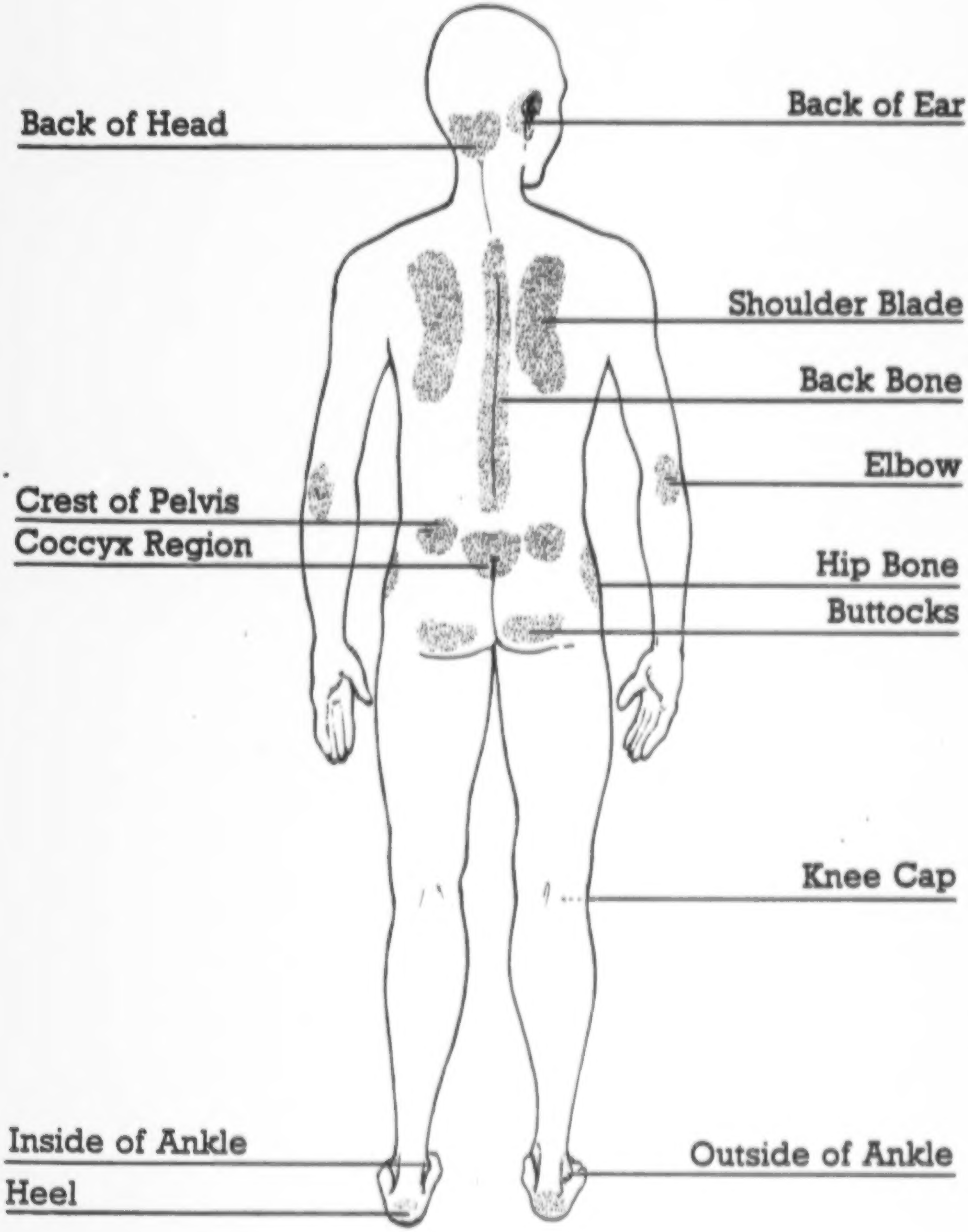
COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT VIII: RECOGNIZING CONCEPTS OF THE SKIN AND ITS APPENDAGES

ANSWERS TO EVALUATION ITEMS:

1. Pressure is the main cause—it impairs circulation and skin and tissue underneath the point of pressure is injured.
2. The student may list any four of the following:
   a. Back of ear
   b. Back of head
   c. Shoulder blade
   d. Back bone
   e. Elbow
   f. Crest of pelvis
   g. Hip bone
   h. Coccyx region
   i. Buttocks
   j. Knee cap
   k. Outside of ankle
   l. Inside of ankle
   m. Heel
3. Student should check b, c, d, and e.
4. The student may list any three of the following:
   a. Redness and tenderness of the area (but no break in the skin) which does not go away with gentle massage
   b. Complaints of a burning sensation
   c. Coldness of the area; bluish-grey color
   d. Presence of edema
5. b
6. a. Location of the decubitus ulcer
   b. Condition of the skin
   c. Size of the decubitus ulcer
   d. Skin temperature
   e. Any treatment performed

Pressure Areas


Back of Head
Back of Ear
Shoulder Blade
Back Bone
Elbow
Crest of Pelvis
Coccyx Region
Hip Bone
Buttocks
Knee Cap
Inside of Ankle
Heel
Outside of Ankle

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IX : RECOGNIZING CONCEPTS OF THE RESPIRATORY SYSTEM

SCOPE OF UNIT:

The structure and function of the respiratory system are examined. Medical terms and definitions pertaining to respiratory system are introduced. Types of respiration and the respiratory process are discussed. Oxygen administration, including types of oxygen containers, methods used, and safety/comfort measures related to the resident receiving oxygen therapy are also included in this unit.

INFORMATION TOPIC: IX-1 OR DEMONSTRATION:

RESPIRATORY SYSTEM
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Define respiration.
2. List the levels of respirations.
3. Match organs of the respiratory system with their functions.
4. Explain the respiratory process.
5. List factors which affect the rate of respiration.
6. Define the different types of respiration.
*7. Identify and define medical terms associated with the anatomy and physiology of respiration system.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Respiratory System
2. HO 2: Breathing
*3. HO 3: Respiratory System Medical Terms and Definitions
4. State Fair Community College Media Center, slide/tape #560: "The Upper Respiratory System"
5. American Lung Association films

6. American Lung Association - wall chart of respiratory system

7. American Lung Association - pamphlets on respiratory diseases

*This objective and HO 3 are optional. The use of this material is left to the teacher's discretion.

INFORMATIONAL ASSIGNMENT:

Rosdahl, Caroline Bunker. Basic Nursing. 4th ed. Philadelphia: J.B. Lippincott, 1985.

Schneidman, Rose, et al., Being A Nursing Assistant. 4th ed., Bowie, MD: The Robert J. Brady Co., 1986.

REFERENCES:

Memmler, Ruth L. and Dena L. Wood. Structure and Function of the Human Body. Philadelphia: J.B. Lippincott Co., 1977.

Schwartz, Estelle and Lillian Potter. Foundations of Patient Care. Philadelphia: J.B. Lippincott Co., 1981.

INTRODUCTION:

It is the function of the organs of respiration to provide a system for exchange of gases to and from the bloodstream. This exchange is accomplished by the inhaling and exhaling of air. Now we will look at the organs of respiration and how they function.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IX: RECOGNIZING CONCEPTS OF THE RESPIRATORY SYSTEM

OUTLINE: (Key Points)

I. Respiration - consists of taking O_2 into the body through the lungs and eliminating the waste CO_2.

II. Levels of respiration (II-1)

   A. External respiration

   B. Internal and/or cellular (II-2)

III. Organs and Functions of Respiratory System (HO 1)

   A. Nose

      1. Structure

         a. Nares

         b. Septum

         c. Sinuses

      2. Functions

         a. Warms, moistens, and filters (II-3)

         b. Phonation

         c. Organ of smell

         d. Passageway for air

   B. Pharynx

      1. Structure

         a. Nasopharynx

            (1) Adenoids

            (2) Eustachian tubes

         b. Oropharynx

         c. Laryngopharynx

C. Larynx

  1. Structure

    a. Epiglottis

    b. Vocal folds

  2. Function - speech, phonation

D. Trachea

  1. Structure - cartilage

  2. Functions

    a. Passageway for air

    b. Traps inhaled food particles

E. Bronchi

  1. Structure - smooth muscle lined with ciliated mucous membrane

  2. Function - passageway for air

F. Lungs

  1. Structure

    a. Lobes

    b. Linings

    c. Microscopic structure

      (1) Bronchioles

      (2) Alveolar ducts

      (3) Alveoli

  2. Functions (II-4)

    a. Transportation

    b. Removes gases

IV. Respiratory Process

- A. Control of breathing (HO 2) (II-5)
  - 1. Medulla - monitors amount of CO_2 in blood
  - 2. Muscles of breathing are signalled to contract and expand by medulla
    - a. Intercostals
    - b. Diaphragm
  - 3. Amount of carbon dioxide
- B. Inspiration - drawing of air into the lungs
- C. Expiration - forcing out of air and other vapors from the lungs

V. Respiratory Rates

- A. Normal
  - 1. Child - above 20
  - 2. Adult - 16-20 per minute
  - 3. Elderly - below 16
- B. Factors affecting rate (II-6)
  - 1. Sex
  - 2. Posture
  - 3. Temperature
  - 4. Exercise
  - 5. Age
  - 6. Drugs

VI. Types of Respiration

- A. Eupnea - normal
- B. Apnea - temporary cessation of breathing
- C. Dyspnea - difficult breathing
- D. Hyperpnea - abnormal increase in depth and rate of respiration
- E. Tachypnea - very fast respiration

F. Orthopnea - able to breathe only in upright position

G. Cheyne-stokes - deep, rapid respiration for 30 seconds, no breathing for 10-30 seconds; cycle repeats

VII. Summary and Conclusion

A. Respiration

B. Levels of respiration

C. Organs and functions of respiratory system

D. Respiratory process

E. Respiratory rates

F. Types of respiration

As you continue to study the body systems you will, as you have with the respiratory system, begin to make decision about environmental factors that can affect your body such as pollutants, smoking, etc. You have a great responsibility in preserving your body.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IX : RECOGNIZING CONCEPTS OF THE RESPIRATORY SYSTEM

INTERACTION ITEMS: (Review Items)

1. What is the difference between internal and external respiration?
2. What is the use of oxygen by the cell called?
3. How does the nose act as a filter? air conditioner?
4. What are the two functions of the lungs?
5. How is breathing controlled?
6. What are some factors which affect the respiratory rate?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Invite a respiratory therapist to speak.
2. Follow respiratory process from inhalation of air on respiratory model.
3. Assign reports on various lung diseases, and the effects of smoking.
4. Show films.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IX : RECOGNIZING CONCEPTS OF THE RESPIRATORY SYSTEM

EVALUATION ITEMS:

1. Define respiration.

2. The two levels of respiration are:

   a.

   b.

3. Match organs of respiration with their functions.

   _____a. Keep food from entering respiratory tract

   _____b. Filters out impurities and warms and moisturizes air

   _____c. Serves in the swallowing process

   _____d. Serves as a passageway to and from lungs

   _____e. Contracts during inspiration

   _____f. Transports air into blood and removes gases from blood

   1. Nose
   2. Pharynx
   3. Larynx
   4. Trachea
   5. Lungs
   6. Diaphragm

4. Explain the respiratory process.

5. List four factors which influence the rate of respiration.

   a.

   b.

   c.

   d.

6. Define the following types of respiration.

a. Inspiration

b. Expiration

c. Apnea

d. Dyspnea

e. Tachypnea

f. Cheyne-stokes

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IX: RECOGNIZING CONCEPTS OF THE RESPIRATORY SYSTEM

ANSWERS TO EVALUATION ITEMS:

1. Taking in of oxygen into the body through the lungs and eliminating the waste (carbon dioxide).

2. a. Cellular or internal
   b. External

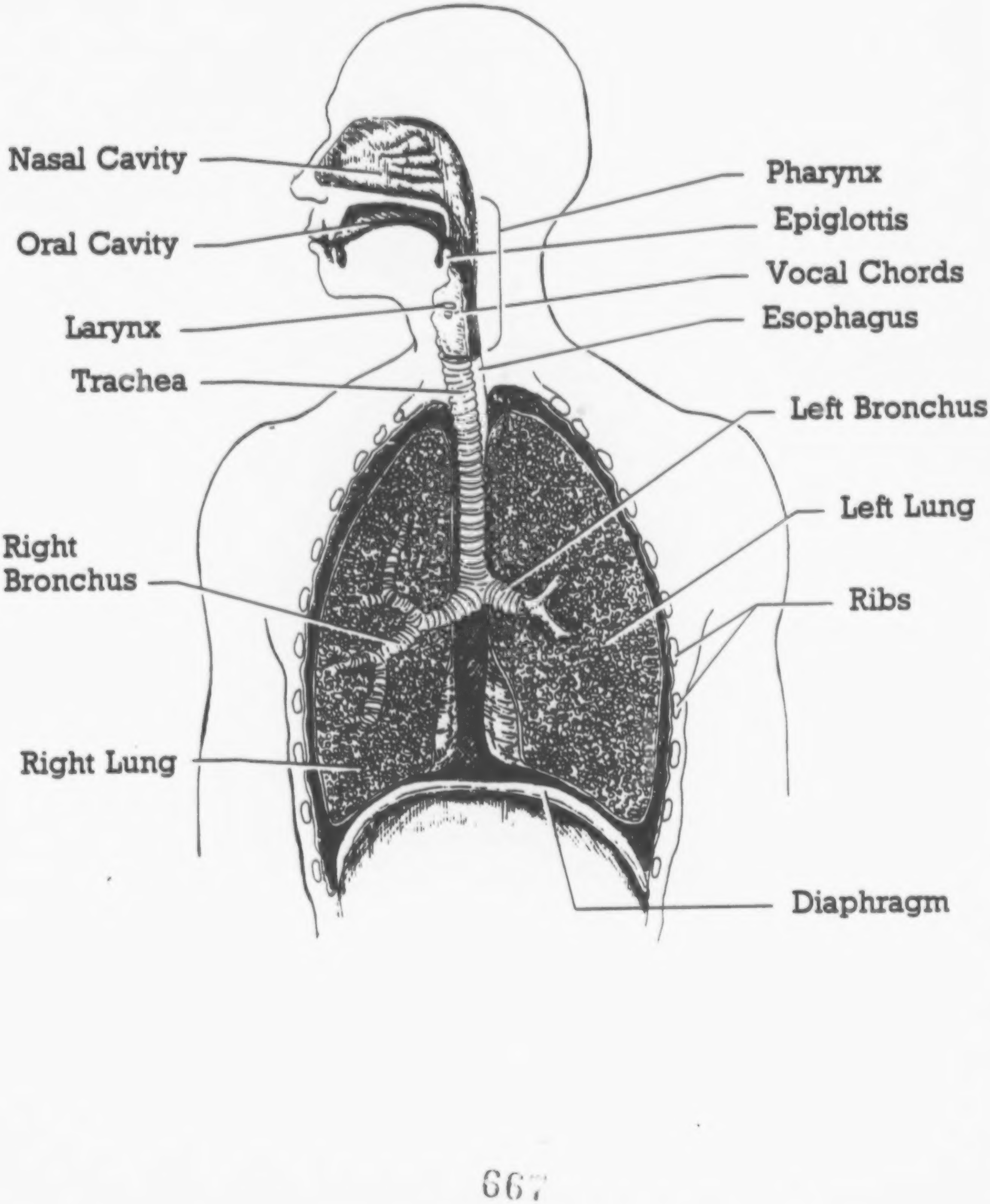
3. a. 3
   b. 1
   c. 2
   d. 4
   e. 6
   f. 5

4. Respiration is controlled by the medulla in the brain, which monitors the amount of carbon dioxide in the blood. It then in turn signals the intercostal and diaphragm muscles to contract and expand.

5. The student may list any four of the following:
   a. Sex
   b. Posture
   c. Temperature
   d. Exercise
   e. Age
   f. Drugs

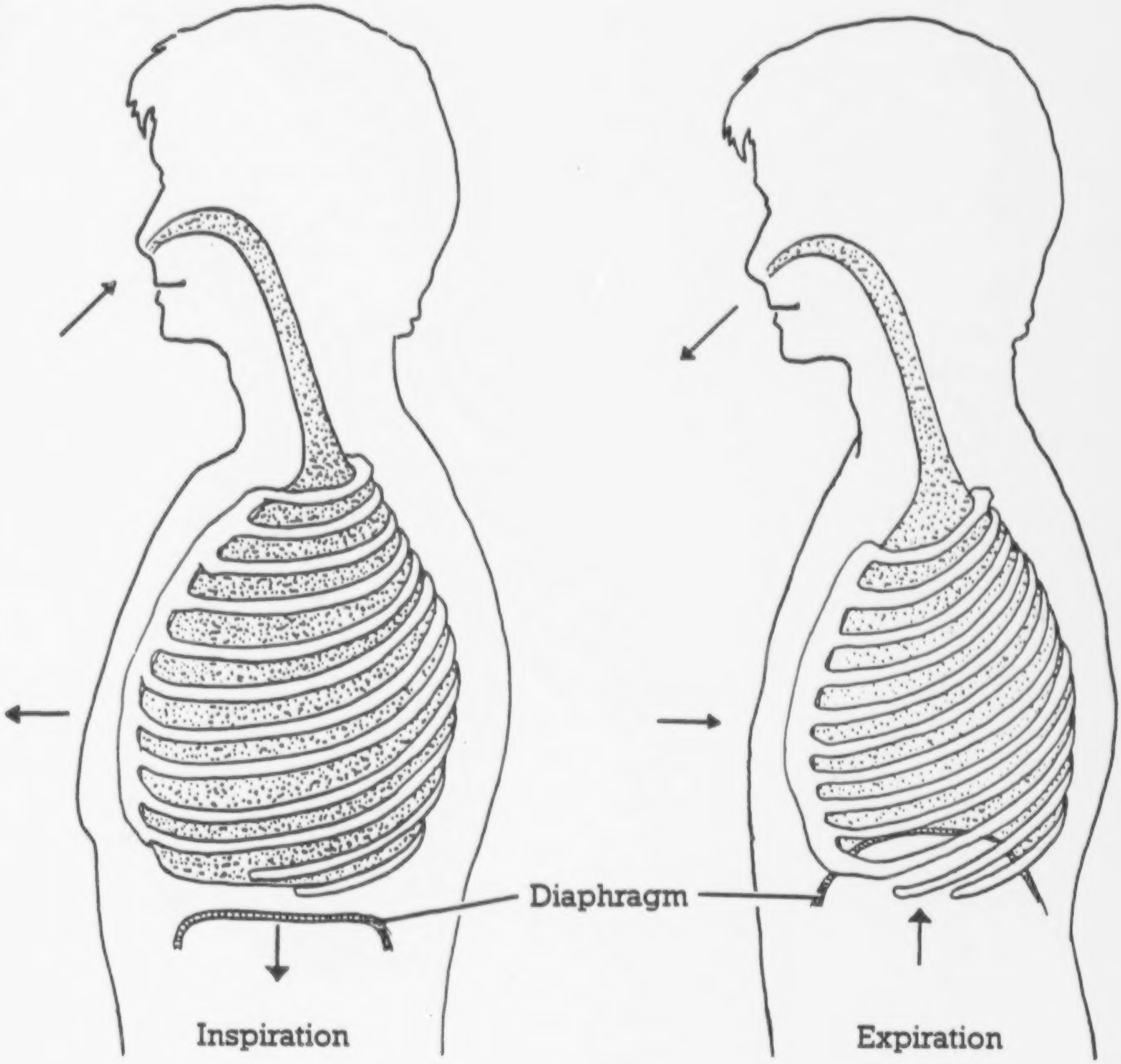
6. a. Drawing of air into the lungs
   b. Forcing out of air from the lungs
   c. Temporary cessation of breathing
   d. Difficult breathing
   e. Very fast respiration
   f. Cycle of deep, rapid respiration for 30 seconds, no breathing for 10-30 seconds

Respiratory System


Nasal Cavity
Oral Cavity
Larynx
Trachea
Right
Bronchus
Right Lung
Pharynx
Epiglottis
Vocal Chords
Esophagus
Left Bronchus
Left Lung
Ribs
Diaphragm

HO 2

Breathing


Diaphragm
Inspiration
Expiration

Respiratory System Medical Terms and Definitions

Bronchiectasis (brong'ke-ek'tah-sis) - dilatation of the bronchi

Bronchitis (brong-ki'tis) - inflammation of the bronchi

Bronchoplegia (brong'ko-ple'je-ah) - paralysis of the bronchi

Bronchopneumonitis (brong'ko-nu'mo-ni'tis) - inflammation of the lungs beginning at the bronchi

Bronchoscopy (brong-kos'ko-pe) - inspection or examination of the bronchi

Dyspnea (disp'ne-ah) - difficult breathing

Eupnea (up-ne'ah) - easy, normal breathing

Hemoptysis (he-mop'ti-sis) - spitting or coughing up blood

Hyperpnea (hi'perp-ne'ah) - increase in the depth and rate of breathing

Laryngeal (lah'rin'je-al) - of or pertaining to the larynx

Laryngitis (lar'in-ji'tis) - inflammation of the larynx

Laryngoscope (lah-ring'go-skop) - instrument used to examine the larynx

Laryngostenosis (lah-ring'go-ste-no'sis) - narrowing of the larynx

Laryngocentesis (lah-ring'go-sen-te'sis) - surgical puncture of the larynx

Orthopnea (or'thop-ne'ah) - inability to breathe unless one is in an upright position

Pharyngitis (far'in-ji-tis) - inflammation of the pharynx

Pharyngonasal (fah-ring'go-na'sal) - pertaining to the nose and pharynx

Pharyngoxerosis (fah-ring'go-ze-ro'sis) - dryness of the pharynx

Pleuralgia (ploor-al'je-ah) - pain in the pleural region

Pleuritis (ploor-it'is) - inflammation of the pleura

Pneumonitis (nu'mo-ni-tis) - inflammation of the lung

Pneumothorax (nu'mo-thor'raks) - accumulation of air in the chest cavity

Rhinitis (ri-ni'tis) - inflammation of the mucous membrane of the nose

Rhinorrhagia (ri-nor-a'je-ah) - nosebleed

Rhinodynia (ri'no-dine'e-ah) - pain in the nose or nasal area

Rhinomycosis (ri'no-mi-co'sis) - fungus infection of the nose

Tachypnea (tak'ip-ne'ah) - abnormally fast rate of breathing

Thoracentesis (tho'rah-sen-te'sis) - surgical puncture or tap of the chest

Thoracodynia (thor'rah-ko-din'e-ah) - pain in the chest region

Thoracoplasty (the'rah-ko-plas'te) - plastic surgery on the chest

Thoracoscopy (tho'rah-kos'ko-pe) - examination of the chest

Thoracotomy (tho'rah-kot'o-me) - incision into the chest

Tracheitis (tra'ke-i'tis) - inflammation of the trachea

Tracheopathy (tra'ke-op'ah-the) - any disease of the trachea

Tracheoplasty (tra'ke-o-plas'te) - plastic surgery on the trachea

Tracheorrhaphy (tra'ke-or'ah-fe) - surgical repair or suture of the trachea

Tracheotomy (tra'ke-ot'o-me) - incision into the trachea

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IX : RECOGNIZING CONCEPTS OF THE RESPIRATORY SYSTEM

SCOPE OF UNIT:

The structure and function of the respiratory system are examined. Medical terms and definitions pertaining to respiratory system are introduced. Types of respiration and the respiratory process are discussed. Oxygen administration, including types of oxygen containers, methods used, and safety/comfort measures related to the resident receiving oxygen therapy are also included in this unit.

INFORMATION TOPIC: IX-2 OR DEMONSTRATION:

OXYGEN THERAPY
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. List three types of oxygen containers.
2. List two methods of administering oxygen.
3. Identify five safety measures to follow when administering oxygen.
4. Recognize five comfort measures to follow when administering oxygen.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Oxygen tank
2. Plastic mask
3. Nasal cannula
4. Trainex film: "Oxygen Administration"

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 69-71.

REFERENCES:

Fouts, Janet and Lynn Mullen. Nursing Assistant Training Manual. Beaverton, OR: Medi Form Printers and Publishers, Inc., 1984, pp. 238-239.

McClelland, Sharon and Geraldine Kaspar. A Clinical Manual for Nursing Assistants. Monterey, CA: Wadsworth Health Sciences Division, 1985, pp. 216-217.

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 69-71.

Sorrentino, Sheila A. Mosby's Textbook for Nursing Assistants. St. Louis: The C.V. Mosby Co., 1984, pp. 388-391.

INTRODUCTION:

Oxygen is a colorless, odorless, tasteless gas that is absolutely necessary to life. Because of a disease or condition, the resident may not be able to take in enough oxygen on his/her own by breathing.

Oxygen is considered a drug. The doctor must order it to be administered. The nurse assistant will never be responsible of the oxygen; however, he/she will be assigned to take care of residents who are receiving oxygen and should be familiar with the equipment used and basic safety and comfort measures to follow.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IX : RECOGNIZING CONCEPTS OF THE RESPIRATORY SYSTEM

OUTLINE: (Key Points)

I. Oxygen Equipment
   A. Oxygen containers
      1. Oxygen cylinder or tank
      2. Central oxygen system with wall outlet connector
      3. Machines that remove oxygen from room air
   B. Methods of administration of oxygen (II-1)
      1. Nasal cannula
         a. Two prongs leading from the tubing are placed in each nostril and held in place by an elastic strap around the head.
         b. Plastic tubing connects oxygen source container to the cannula.
         c. This is the most common device used to administer O_2.
         d. Resident should not breathe through mouth since the oxygen will go out the opened mouth.
      2. Mask
         a. Plastic mask placed over the nose and mouth and fitted to nose with metal adjuster
         b. Used for the resident who is breathing through his/her mouth
         c. The most effective way of delivering oxygen

II. Safety Measures
   A. Oxygen speeds up combustion
      1. Post "No Smoking" signs when oxygen is set up.

2. Check electrical equipment (electric razor, heating pad, radio) outside of resident's room to assure proper functioning. If a spark occurs from faulty equipment, it is much more likely to burn faster and easier due to the high O_2 concentration.

3. Avoid use of oil-based products (Vaseline, A&D Ointment) near oxygen.

4. Avoid static electricity from synthetic or wool fabrics.

B. Check to see that portable oxygen tanks are secured with straps to prevent them from falling.

C. Check the oxygen gauge indicating the amount of oxygen left in the tank; notify the charge nurse if the supply is low.

D. Check the tubing for kinks and disconnections.

E. Check to see that the resident is not lying on the tubing.

F. Check flowmeter on oxygen tank to make sure it is delivering the prescribed rate; DO NOT change the setting; report to the charge nurse immediately if it is not correct.

G. Check water level in humidifying jar; it should be high enough (2/3 full) so that it bubbles as oxygen goes through it. It should also appear clear--no particulate matter. If anything appears abnormal, report to charge nurse. (II-2)

III. Comfort Measures

A. Check the elastic headband securing face mask or cannula in place to see that it is not too tight and causing pressure areas.

B. Check for irritation from the mask or cannula around the face and ears; pad pressure areas with cotton.

C. Keep the skin under cannula or mask clean and dry.

D. Give frequent oral hygiene and adequate fluids to the resident; oxygen is drying to tissue, so the mouth becomes dry and stale tasting.

E. Remove and wipe face mask every shift to rid mask of moisture.

F. Check that face mask is snug and not allowing oxygen to be ineffective.

G. Observe for any signs and symptoms that resident is not getting enough oxygen.

1. Resident feels like he/she "can't breathe"

2. Restlessness, irritability, anxious or frightened

3. Decreased muscle coordination and slowed mental abilities
4. Dyspnea, cyanosis
5. Increased rate and depth of respirations
6. Resident complains of dizziness or faintness (II-3)

IV. Summary and Conclusion

A. Oxygen equipment

B. Safety measures

C. Comfort measures

The health services assistant's role in oxygen therapy is to make pertinent observations. Residents receiving oxygen may not be a common occurrence in every facility, but all assistants should have an understanding of how dangerous this can be if not handled properly and what he/she can do to keep the resident comfortable while receiving oxygen.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IX : RECOGNIZING CONCEPTS OF THE RESPIRATORY SYSTEM

INTERACTION ITEMS:

1. What ways have you seen oxygen administered?
2. Why is it necessary to humidify oxygen?
3. If you noted signs of the resident not getting enough oxygen, what should you do?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Show students different equipment used in oxygen therapy.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IX : RECOGNIZING CONCEPTS OF THE RESPIRATORY SYSTEM

EVALUATION ITEMS:

1. List three types of oxygen containers.

   a.

   b.

   c.

2. List two methods of administration of oxygen.

   a.

   b.

3. A resident is receiving oxygen; the health services assistant should do all of the following except: (Circle the letter of the correct answer.)

   a. Check to see that portable oxygen tanks are secure.
   b. Check tubing for kinks and disconnections.
   c. Make sure the resident is not lying on the tubing.
   d. Change the flowmeter to what you feel is the right amount of oxygen the resident is to receive.

4. Which of the following is a sign that the resident is not getting enough oxygen? (Circle the letter of the correct answer.)

   a. Restlessness, anxious
   b. Dyspnea, cyanosis
   c. Dizziness or faintness
   d. All of the above

For each of the following, write "T" if the statement is true, or "F" if it is false.

_____5. Using oil-based products near oxygen is dangerous.

_____6. The water level in the humidifying jar should be about 1/4 full.

_____7. The face mask should fit snugly on the face.

_____8. Oral hygiene should only be done after meals for the resident receiving oxygen.

_____9. Check for any signs of irritation from the mask or cannula.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT IX: RECOGNIZING CONCEPTS OF THE RESPIRATORY SYSTEM

ANSWERS TO EVALUATION ITEMS:

1. The student may list any two of the following:
    a. Oxygen cylinder or tank
    b. Central oxygen system with wall outlet connector
    c. Machines that remove oxygen from room air
2. a. Nasal cannula
    b. Mask
3. d
4. d
5. T
6. F
7. T
8. F
9. T
10. F

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT X : RECOGNIZING CONCEPTS OF THE CARDIOVASCULAR SYSTEM

SCOPE OF UNIT:

This unit examines the structure and function of the cardiovascular system, including the heart, the lymphatics, blood vessels and blood. Medical terms and definitions relating to the cardiovascular system are included. Cardiopulmonary resuscitation technique will be learned.

INFORMATION TOPIC: X-1 OR DEMONSTRATION:

CARDIOVASCULAR SYSTEM - HEART
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Describe the function of the heart.
2. Describe the location of the heart.
3. Describe the structure of the heart including the coverings and layers.
4. List the function of the heart conduction system and locate the component parts.
5. Trace the path of circulation.

*6. Identify and define medical terms associated with the heart.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: The Cardiovascular System
2. HO 2: Conduction System of the Heart
3. HO 3: Path of Circulation

*4. HO 4: Cardiovascular System - Heart Medical Terms and Definitions

5. American Heart Association - Wall chart of the heart
6. Anatomical models
7. American Heart Association film: "New Heart and Circulatory System"
8. American Heart Association film: "I am Your Heart"

9. State Fair Community College Media Center slide/tape #550: "The Heart" and slide/tape #553: "Circulation"

*This objective and HO 4 are optional. The use of this material is left to the teacher's discretion.

INFORMATIONAL ASSIGNMENT:

Rosdahl, Caroline Bunker. *Basic Nursing*. 4th ed. Philadelphia: J.B. Lippincott, 1985.

Thomas, Virginia. *Life Sciences for Nursing and Health Technologies*. 2nd ed. Huntington Beach, CA: Technicourse, Inc., 1974.

REFERENCES:

American Heart Association. *Student Manual for Basic Life Support*.

Memmler, Ruth L., and Dena L. Wood. *Structure and Function of the Human Body*. Philadelphia: J.B. Lippincott Co., 1977.

Schwartz, Estelle and Lillian Potter. *Foundations of Patient Care*. Philadelphia: J.B. Lippincott Co., 1981.

INTRODUCTION:

The heart is the pump of the body. It is a very complex structure that involves the nervous system and muscular system, as well as the circulatory system.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT X : RECOGNIZING CONCEPTS OF THE CARDIOVASCULAR SYSTEM

OUTLINE: (Key Points)

I. Function - pumps blood throughout the body (HO 1) (II-1)

II. Location - behind the sternum and slightly to the left (II-2)

III. Structure (HO 2)

- A. Covering
  - 1. Pericardium - outer covering (II-3)
    - a. Parietal layer
    - b. Visceral layer
  - 2. Function (II-4)
    - a. Anchorage
    - b. Prevent friction
- B. Layers (II-5)
  - 1. Epicardium
  - 2. Myocardium
  - 3. Endocardium
- C. Chambers
  - 1. Atria
  - 2. Ventricles
  - 3. Septum
- D. Valves
  - 1. Tricuspid
  - 2. Bicuspid
  - 3. Pulmonary
  - 4. Aortic

IV. Conduction System of the Heart (II-6)

A. Function

1. Initiates heart beat

2. Conducts messages around heart

3. Coordinates beating between atria and ventricles

B. Components

1. SA node (sinoatrial) - pacemaker

2. AV node (atrioventricular)

3. Bundle of His - coordinator

4. Purkinje's fibers

C. Factors affecting conduction

1. Automaticity

2. Irritability

V. Path of Circulation (HO 3)

A. Cardiac cycle

1. Atrial contraction

2. Ventricular contraction

3. Rest

B. Heart sounds

1. Systole - active phase of contraction

2. Diastole - relaxation phase of contraction

VI. Summary and Conclusion

A. Function

B. Location

C. Structure

D. Conduction system

E. Path of circulation

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In the next lesson, you will be able to relate the information about the heart to its role in body circulation

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT X : RECOGNIZING CONCEPTS OF THE CARDIOVASCULAR SYSTEM

INTERACTION ITEMS: (Review Items)

1. What is the function of the heart?
2. How large is the heart and where is it located?
3. What are the layers of the pericardium and the location of each?
4. What is the function of pericardium?
5. What are the layers of the heart?
6. What is the function of the conduction system of the heart?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Dissect a heart (beef, deer, etc.) and examine. Discuss structure, conduction, and circulation.
2. Invite EKG technician to class - show EKG or if possible run a strip in class.

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LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT X : RECOGNIZING CONCEPTS OF THE CARDIOVASCULAR SYSTEM

EVALUATION ITEMS:

1. The heart is a _________ pump.
2. It lies in the _________ cavity.
3. The pericardium is the _________ covering of the heart.
4. The function of the pericardium is to provide _________ and prevent _________.
5. The three layers of the heart are _________, _________, and _________.
6. List the functions of the conduction system of the heart.

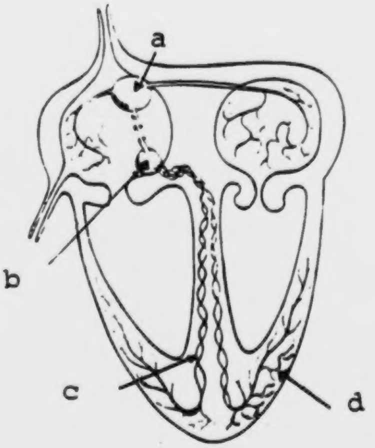
7. The SA node is also called the _________.
8. Locate the component parts of the heart conduction system.

    _____ AV node

    _____ Purkinje fibers

    _____ SA node

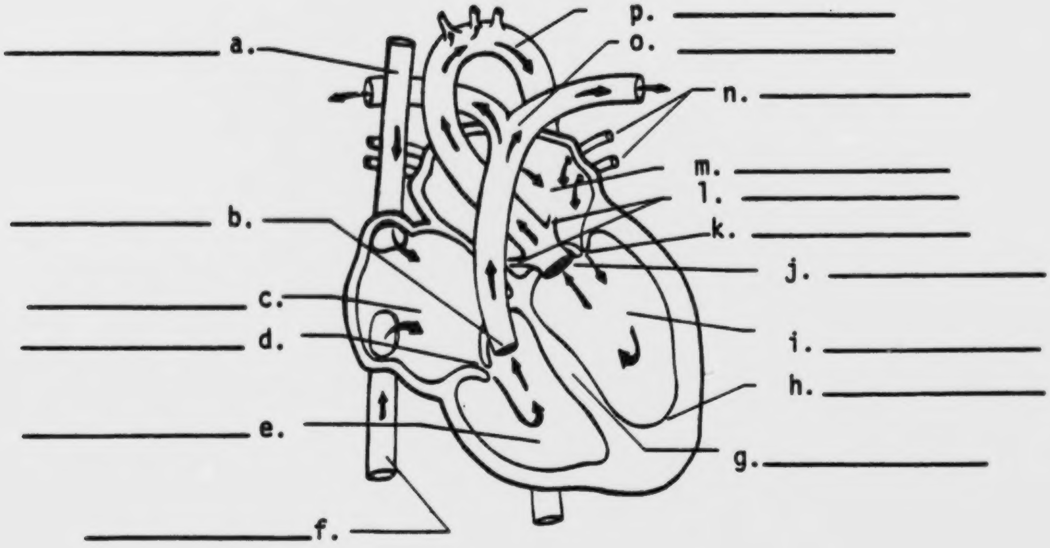
    _____ Bundle of His



9. The active phase of cardiac contraction is called _________.
10. The brief resting period that follows the contraction phase is called _________.

11. Trace the path of circulation on the diagram below, by labeling the parts on the diagram.

Vena cava
Aorta
Septum
Inferior vena cava
Right atrium
Left atrium
Pulmonary artery
Pulmonary semilunar valve
Endocardium
Mitral valve
Tricuspid valve
Right ventricle
Left ventricle
Pulmonary veins
Coronary arteries
Aortic semilunar valve



LESSON PLAN: 1

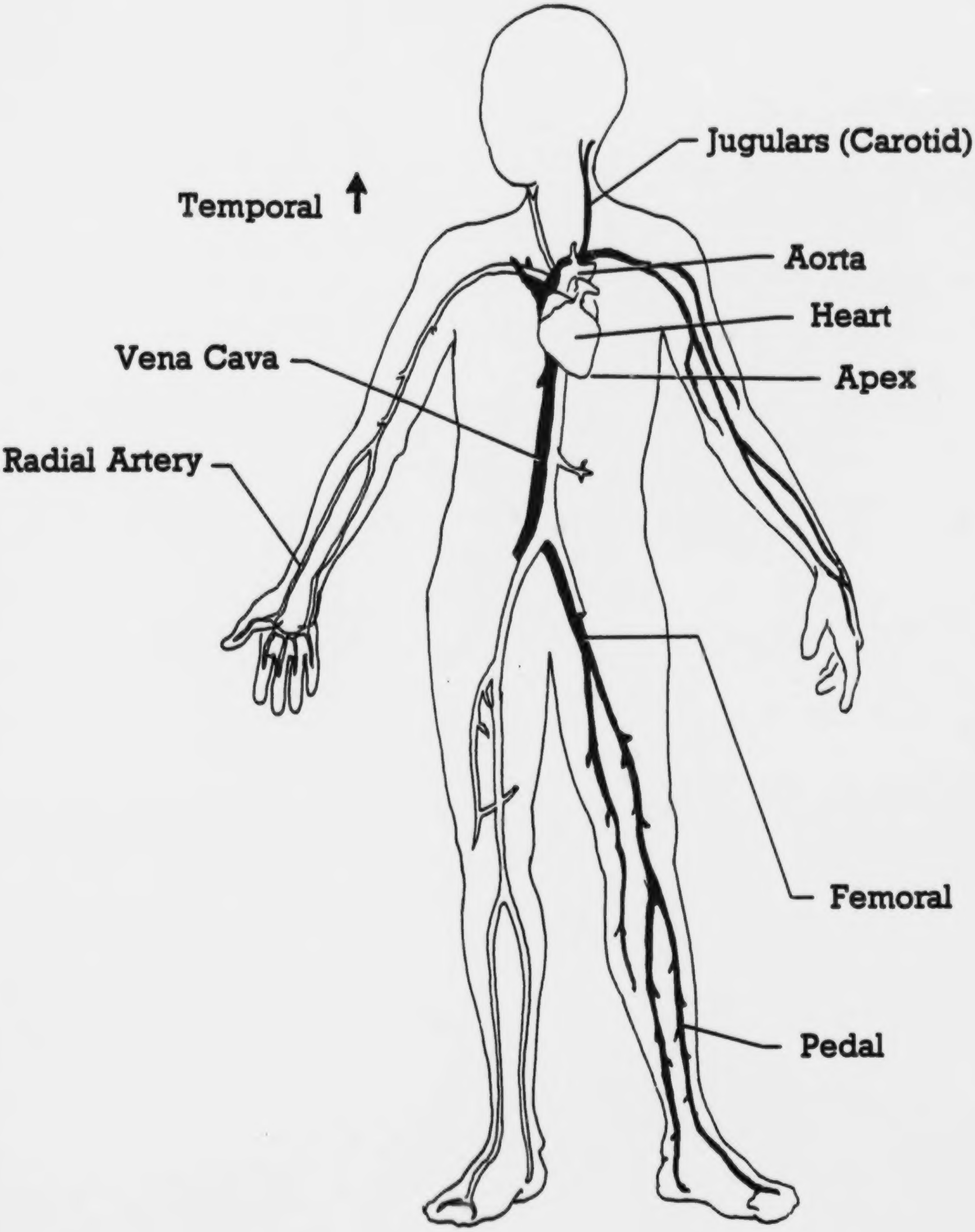
COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT X : RECOGNIZING CONCEPTS OF THE CARDIOVASCULAR SYSTEM

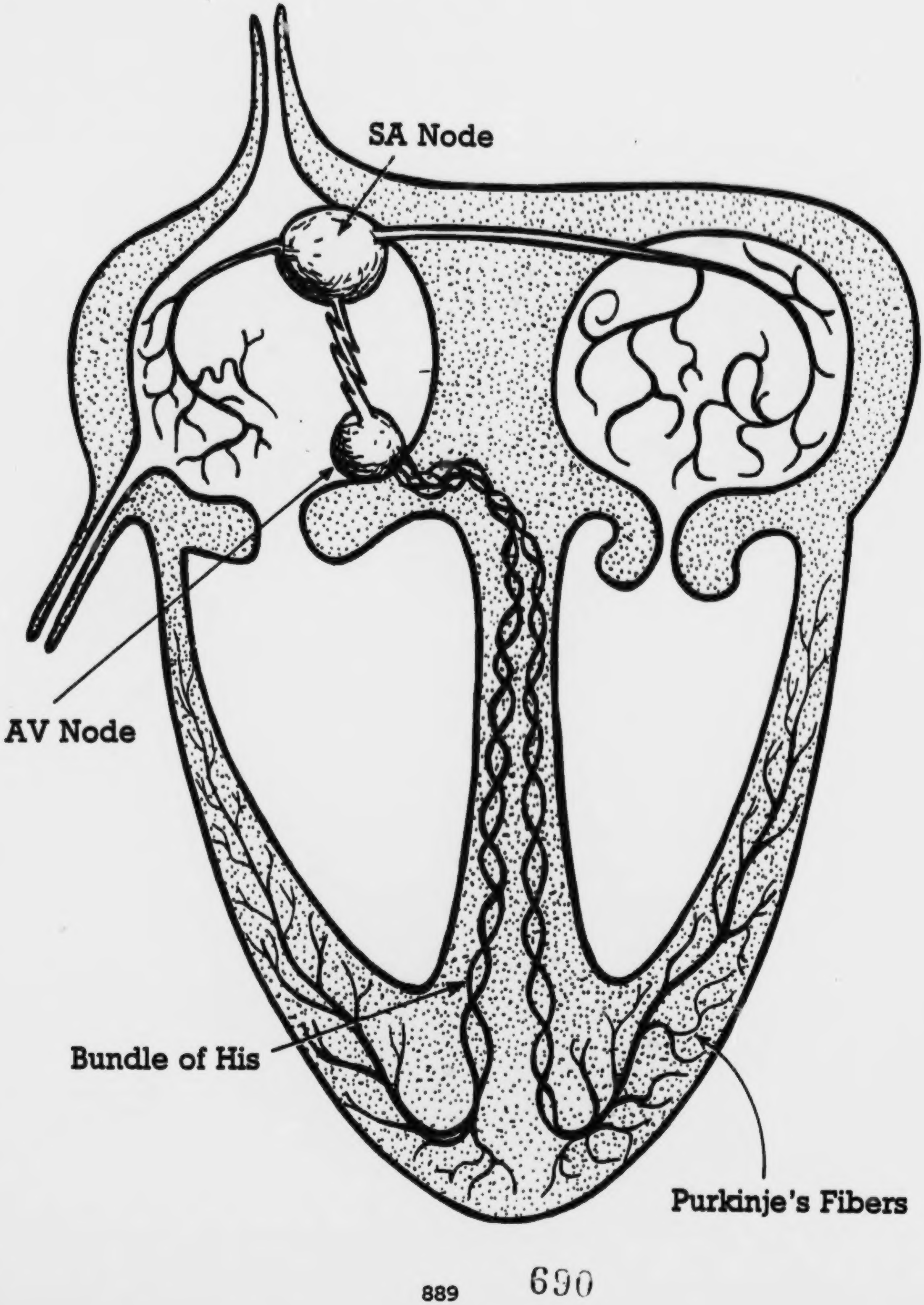
ANSWERS TO EVALUATION ITEMS:

1. Muscular
2. Thoracic
3. Outer
4. Anchorage, friction
5. Epicardium, myacardium, endocardium
6. Initiates heart beat; conducts messages around heart; coordinates beating between atria and ventricles
7. Pacemaker
8. b AV node
   d Purkinje's fibers
   a SA node
   c Bundle of His
9. Systole
10. Diastole
11. a. Superior vena cava
    b. Pulmonary semilunar valve
    c. Right atrium
    d. Tricuspid valve
    e. Right ventricle
    f. Inferior vena cava
    g. Septum
    h. Endocardium
    i. Left ventricle
    j. Aortic semilunar valve
    k. Mitral valve
    l. Coronary arteries
    m. Left atrium
    n. Pulmonary veins
    o. Pulmonary artery
    p. Aorta

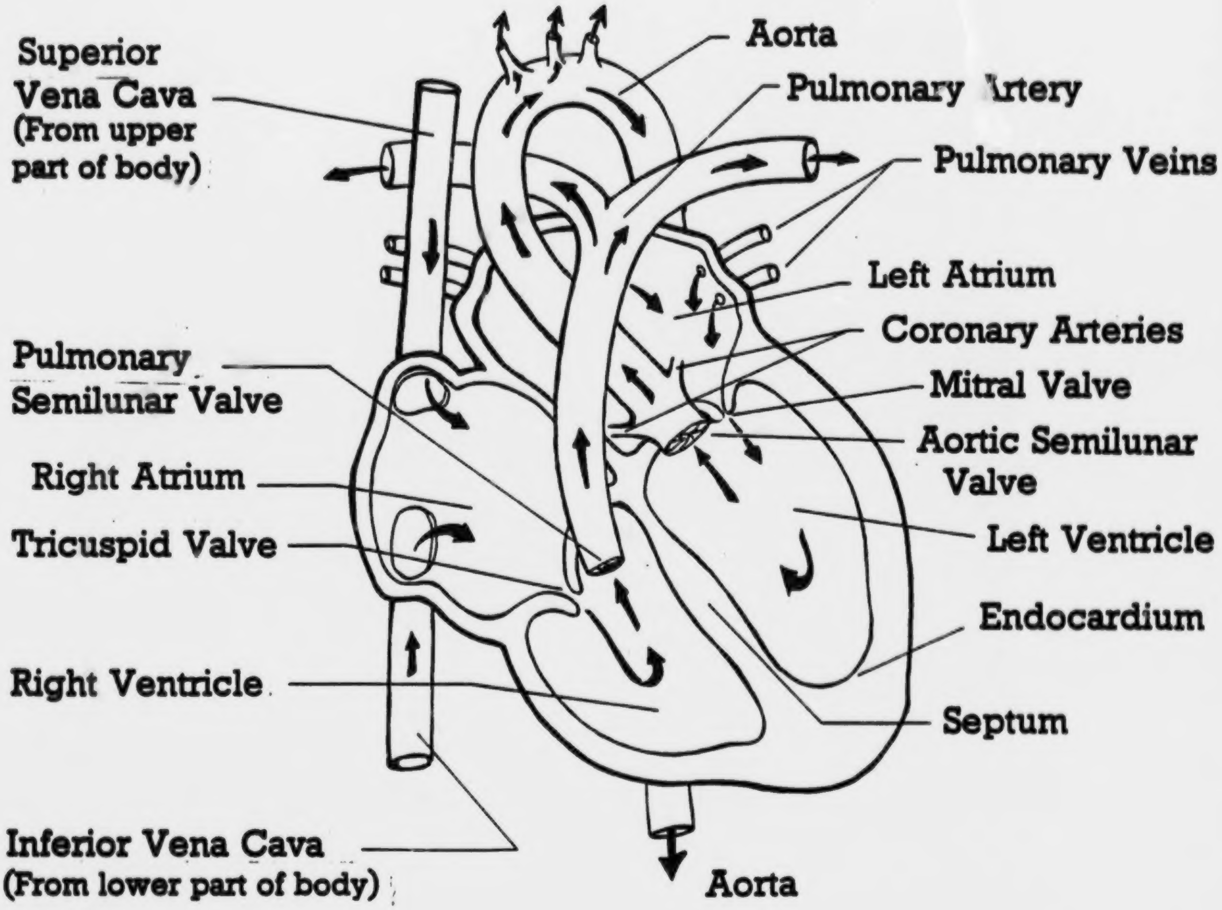
The Cardiovascular System


Jugulars (Carotid)
Temporal ↑
Aorta
Heart
Vena Cava
Apex
Radial Artery
Femoral
Pedal

Conduction System of the Heart


SA Node
AV Node
Bundle of His
Purkinje's Fibers

Path of Circulation


Superior Vena Cava (From upper part of body)
Aorta
Pulmonary Artery
Pulmonary Veins
Left Atrium
Coronary Arteries
Pulmonary Semilunar Valve
Mitral Valve
Aortic Semilunar Valve
Right Atrium
Tricuspid Valve
Left Ventricle
Endocardium
Right Ventricle
Septum
Inferior Vena Cava (From lower part of body)
Aorta

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HO 4

Cardiovascular System - Heart Medical Terms and Definitions

Bradycardia (brad'e-kar'de-ah) - abnormally slow heart beat

Cardiac (kar'de-ak) - pertaining to the heart

Cardiogram (kar'de-o-gram') - the recording of the heart's movements

Cardiograph (kar'de-o-graph') - an instrument for recording the heart rate

Cardiologist (kar-de-ol'o-jist) - a specialist in treating heart disorders

Cardiology (kar-di-ol'o-je) - the science of study of the heart

Cardiomegaly (kar'de-o-meg'ah-le) - enlargement of the heart

Cardiopathy (kar'de-op'ah-the) - a disease of the heart

Cardiospasm (kar'de-o-spazm') - a contraction of the heart

Carditis (kar-di'tis) - inflammation of the heart

Tachycardia (tak'i-kar'de-ah) - abnormally fast heart beat

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT X : RECOGNIZING CONCEPTS OF THE CARDIOVASCULAR SYSTEM

SCOPE OF UNIT:

This unit examines the structure and function of the cardiovascular system, including the heart, the lymphatics, blood vessels and blood. Medical terms and definitions relating to the cardiovascular system are included. Cardiopulmonary resuscitation technique will be learned.

INFORMATION TOPIC: X-2 OR DEMONSTRATION:

CARDIOVASCULAR SYSTEM - CIRCULATION
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Recall the types of blood vessels and their functions.
2. Define pulse and list factors affecting it.
3. List types of circulation.
4. Describe a diagnostic test involving the blood vessels.

*5. Identify and define medical terms associated with the cardiovascular system - blood vessels.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Blood Vessels
2. HO 2: General or Systemic Circulation
3. HO 3: Pulmonary Circulation

*4. HO 4: Cardiovascular System - Circulation Medical Terms and Definitions

5. American Heart Association - wall chart of the heart
6. Missouri Division of Health film: "Hemo the Magnificent"
7. State Fair Community College Media Center slide/tape #550: "The Heart"

*This objective and HO 4 are optional. The use of this material is left to the instructor's discretion.

INFORMATIONAL ASSIGNMENT:

Rosdahl, Caroline Bunker. Basic Nursing. 4th ed. Philadelphia: J.B. Lippincott, 1985.

Thomas, Virginia. Life Sciences for Nursing and Health Technologies. 2nd ed. Huntington Beach, CA: Technicourse, Inc., 1974.

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Schwartz, Estelle and Lillian Potter. Foundations of Patient Care. Philadelphia: J.B. Lippincott Co., 1981.

Thomas, Virginia. Life Sciences for Nursing and Health Technologies. 2nd ed. Huntington Beach, CA: Technicourse, Inc., 1974.

INTRODUCTION:

The circulatory system maintains homeostasis by acting as a transportation system. Food and oxygen are conveyed from the digestive system and respiratory system to all the body cells. Waste products are removed from the cells by the circulatory system and disposed of through the kidneys, lungs, and skin where they are excreted.

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LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT X: RECOGNIZING CONCEPTS OF THE CARDIOVASCULAR SYSTEM

OUTLINE: (Key Points)

I. Types of Blood Vessels (HO 1) (II-1)

   A. Arteries

      1. Structure - three layers; thicker due to pressure of heart

      2. Function - take blood away from heart

      3. Distribution

   B. Veins

      1. Structure - three layers; have valves; more twists and turns

      2. Function - take blood back to heart

      3. Distribution

   C. Capillaries

      1. Structure - very thin walled; microscopic

      2. Function - connect between arteries and veins; site where all nutrient and gas exchange occurs

      3. Distribution

II. Pulse

   A. Definition - vibration (expansion or contraction) of the blood in the arteries as the heart beats

   B. Factors affecting pulse (II-2)

      1. Sex

      2. Age

      3. Temperature

      4. Emotions

      5. Position

      6. Medications

7. Activity

C. Abnormalities

1. Bradycardia - very slow rate; below 60

2. Tachycardia - very rapid rate; above 100-110

III. Types of Circulation (II-3)

A. General

B. Coronary

C. Portal

D. Pulmonary (HO 3)

E. Fetal

IV. Diagnostic Tests (II-4)

A. Arteriograms - dye is injected into an artery; x-rays are taken to determine path of circulation, blockage, etc.

B. Angiograms - dye is injected into a vein; x-rays record course of dye from heart to lungs and back again

V. Summary and Conclusion

A. Types of blood vessels

B. Pulse

C. Types of circulation

D. Diagnostic tests

Now you are familiar with the circulatory system; it is time to let the blood circulate. In the next lesson, you will learn about the cardiovascular system.

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LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT X: RECOGNIZING CONCEPTS OF THE CARDIOVASCULAR SYSTEM

INTERACTION ITEMS:

1. What are the three kinds of blood vessels?
2. What factors affect the pulse?
3. What is the relationship between the general and coronary circulation?
4. What are some common diagnostic tests for cardiovascular disease?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. American Heart Association Literature and Films
2. Cardiopulmonary resuscitation (CPR) course (8 hours)
3. Assign short report topics such as varicose veins, arteriosclerosis, etc., for classroom presentations.
4. Panel discussion on "How Lifestyle Affects Blood Pressure and Pulse."

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT X : RECOGNIZING CONCEPTS OF THE CARDIOVASCULAR SYSTEM

EVALUATION ITEMS:

1. The vessel that carries blood from the heart is called a(n) ________.

2. The vessel that carries blood to the heart is called a(n) ________.

3. The tiny vessels that connect the larger vessels together to form the closed transportation system are called ____________.

4. Pulse is the expansion or contraction of a(n) ___________.

5. List at least four factors that may affect the pulse.

   a.

   b.

   c.

   d.

6. List three types of circulation.

   a.

   b.

   c.

7. Briefly discuss an arteriogram.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT X: RECOGNIZING CONCEPTS OF THE CARDIOVASCULAR SYSTEM

ANSWERS TO EVALUATION ITEMS:

1. Artery

2. Vein

3. Capillaries

4. Artery

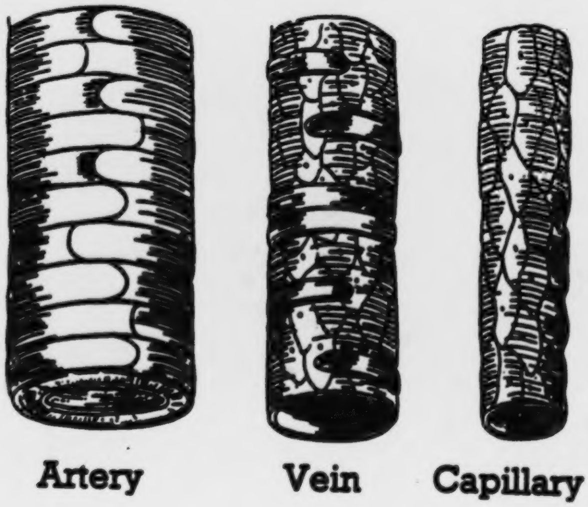
5. Any four of the following:
   a. Exercise
   b. Age
   c. Emotions
   d. Temperature
   e. Position
   f. Medications
   g. Activity

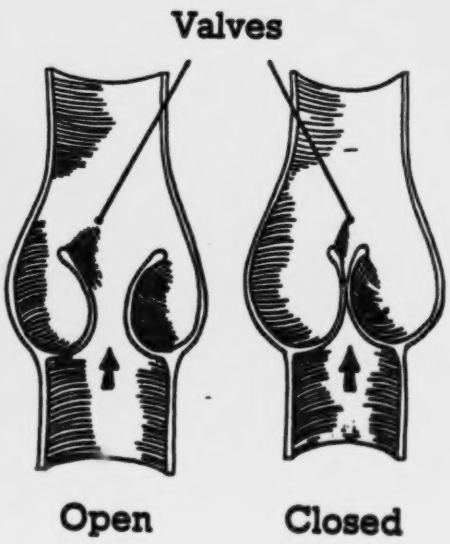
6. Any three of the following:
   a. General
   b. Coronary
   c. Portal
   d. Pulmonary
   e. Fetal

7. An arteriogram is a test in which dye is injected into an artery and x-rays are taken to determine the path of circulation or if there is a blockage, etc.

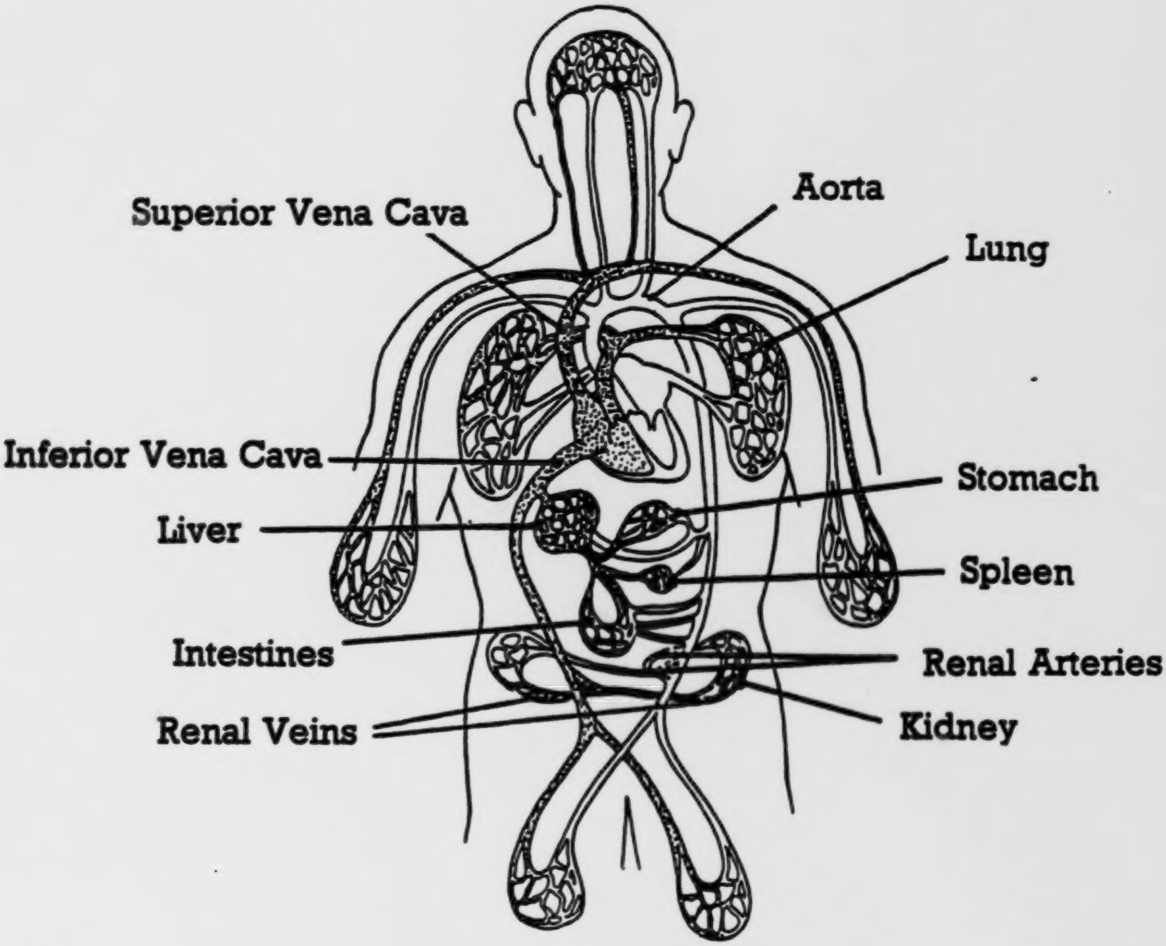
HO 1

Blood Vessels

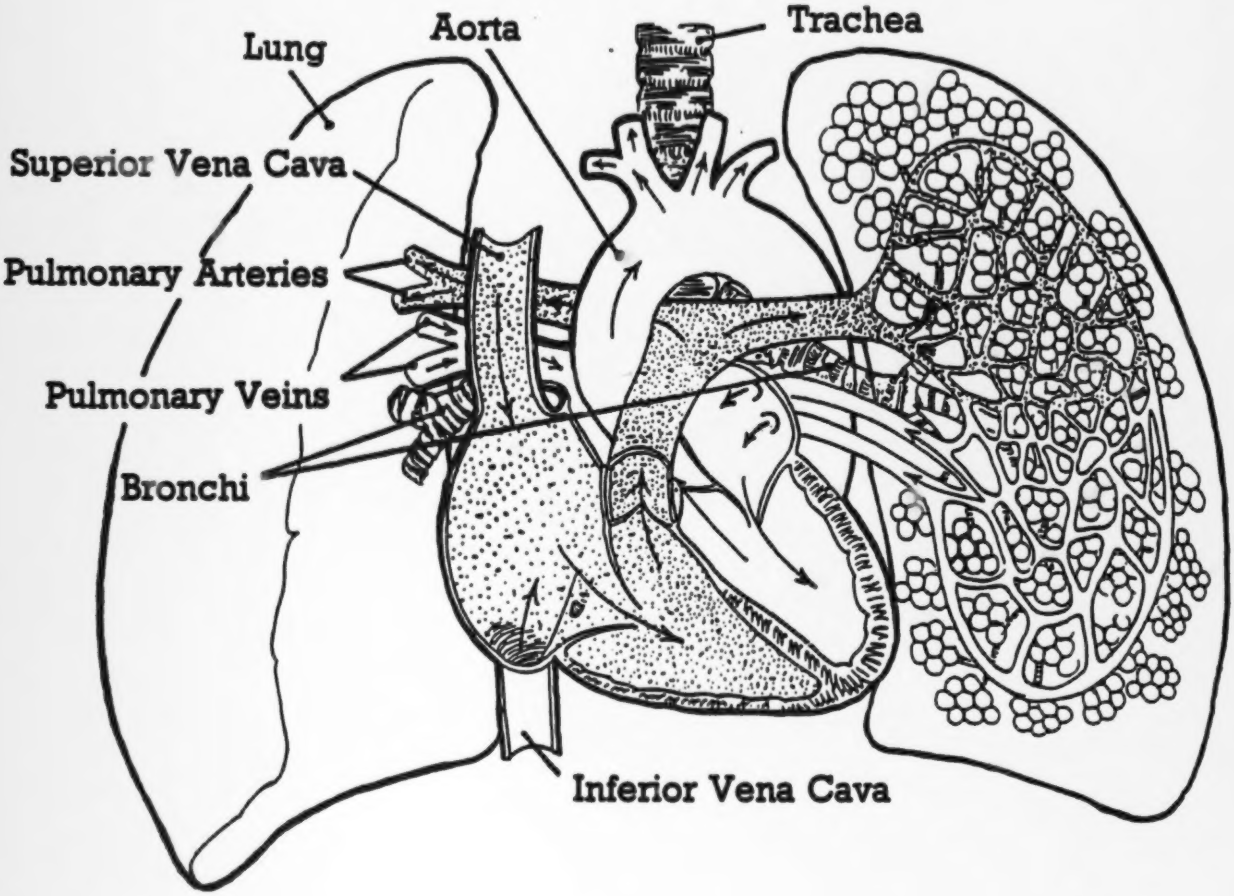

Artery
Vein
Capillary


Valves
Open
Closed

General or Systemic Circulation


Superior Vena Cava
Aorta
Lung
Inferior Vena Cava
Stomach
Liver
Spleen
Intestines
Renal Arteries
Renal Veins
Kidney

Pulmonary Circulation


Lung
Aorta
Trachea
Superior Vena Cava
Pulmonary Arteries
Pulmonary Veins
Bronchi
Inferior Vena Cava

HO 4

Cardiovascular System - Circulation Medical Terms and Definitions

Arterial (ar-te're-al) - of or pertaining to an artery

Arteriopathy (ar'te-re-op'ah-the) - a disease of an artery

Arteriorrhaphy (ar-te're-or'ah-fe) - suture or repair of an artery

Arteriosclerosis (ar-te're-o-skle-ro'sis) - hardening of the arteries

Arteritis (ar'te-ti'tis) - inflammation of an artery

Phlebitis (fle-bit'tis) - inflammation of a vein

Phleborrhagia (fleb'o-ra'je-ah) - excessive bleeding from a vein

Phleborrhaphy (fle-bor'ah-fe) - suture or repair of a vein

Phlebostenosis (fleb'o-ste-no'sis) - narrowing or constricting of a vein

Phlebotomy (fle-bot'o-me) - incision into a vein

Thrombectomy (throm-bek'to-me) - removal or excision of a thrombus

Thromboarteritis (throm'bo-ar'ter-i'tis) - inflammation of an artery with a clot present

Thrombocyte (throm'bo-sit) - a clotting cell

Thrombocytopenia (throm'bo-si'to-pe'ne-ah) - decrease in the number of clotting cells

Thromboid (throm'boid) - like or resembling a clot

Thrombopathy (throm-bop'ah-the) - a condition in which a thrombus is present

Thrombophlebitis (throm'bo-fle-bi'tis) - inflammation of a vein in which a clot or thrombus is present

Thrombosis (throm-bo'sis) - disease involving the clotting cells

Vasography (vas-og'rah-fe) - x-ray picture or roentgenography of the blood vessels

Vasomotor (vas-o-mo'tor) - affecting the movement and size of a vessel

Vasorrhaphy (vas-or'ah-fe) - suture of a vessel or the ductus deferens

Vasosection (vas'o-sek'shun) - the cutting of a vessel

Vasospasm (vas'o-spazm) - contraction of a vessel

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT X: RECOGNIZING CONCEPTS OF THE CARDIOVASCULAR SYSTEM

SCOPE OF UNIT:

This unit examines the structure and function of the cardiovascular system, including the heart, the lymphatics, blood vessels and blood. Medical terms and definitions relating to the cardiovascular system are included. Cardiopulmonary resuscitation technique will be learned.

INFORMATION TOPIC: X-3 OR DEMONSTRATION:

CARDIOVASCULAR SYSTEM - BLOOD
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. List the functions of blood.
2. State how much blood is in the body.
3. Name the composition of blood.
4. List components of plasma.
5. List two characteristics of erythrocytes.
6. Name the two types of leukocytes.
7. State where leukocytes are produced.
8. Identify the function of thrombocytes.
9. List three causes of bleeding.
10. Name the major blood types.
11. Identify the blood type that is the universal donor.
12. Identify the blood type that is the universal recipient.
13. Name three laboratory tests done on blood.

*14. Identify and define medical terms associated with the cardiovascular system - blood.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Formed Elements

2. HO 2: Blood

*3. HO 3: Cardiovascular System - Blood Medical Terms and Definitions

*This objective and HO 3 are optional. The use of this material is left to the instructor's discretion.

INFORMATIONAL ASSIGNMENT:

Rosdahl, Caroline Bunker. Basic Nursing. 4th ed. Philadelphia: J.B. Lippincott, 1985.

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986.

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REFERENCES:

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Thomas, Virginia. Life Sciences for Nursing and Health Technologies. 2nd ed. Huntington Beach, CA: Technicourse, Inc., 1974.

INTRODUCTION:

Blood is the principle fluid of the heart and the circulatory system. It maintains homeostasis in the body.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT X : RECOGNIZING CONCEPTS OF THE CARDIOVASCULAR SYSTEM

OUTLINE: (Key Points)

I. Functions (II-1)

A. Transportation (II-2)

1. Gases

2. Nutrients

3. Infection fighting agents

4. Hormones

B. Maintenance

1. Acid-base balance

2. Electrolyte and fluid balance

II. Amount - 4 to 6 liters

III. Blood Composition

A. Plasma (II-3)

B. Formed elements

IV. Plasma Components (fluid part)

A. Water

B. Proteins

C. Nutrients

D. Mineral salts

E. Oxygen and carbon dioxide

F. Waste products

G. Hormones

H. Antibodies

I. Enzymes

V. Formed Elements

- A. Erythrocytes (red blood corpuscles)
  - 1. Characteristics (II-4)
    - a. Have no nucleus
    - b. Survive for 3-4 months
  - 2. Function - carry hemoglobin to body cells
  - 3. Produced in red bone marrow (II-5)
  - 4. Destroyed by liver and spleen
  - 5. Amount - 4.5-5 million per cubic millimeter
- B. Leukocytes (white cells)
  - 1. Characteristics
    - a. Colorless
    - b. Have nucleus
    - c. Average life span is nine days
  - 2. Function (II-6)
    - a. Fight infection
    - b. Assist in repairing damaged tissue
  - 3. Types
    - 1. Granular
    - 2. Nongranular
  - 4. Production - produced in bone marrow and lymphatic tissue
  - 5. Amount - 5,000-10,000 per cubic millimeter
- C. Thrombocytes (platelets)
  - 1. Characteristics - life span is four days
  - 2. Function - essential in the clotting of blood
  - 3. Production - produced in red bone marrow
  - 4. Amount - 250,000-500,000 per cubic millimeter (II-7)

VI. Blood Clotting

- A. Process of coagulation
- B. Causes of bleeding (II-8)
  - 1. Deficiency of platelets
  - 2. Vitamin K deficiency
  - 3. Deficiency of vitamin C
  - 4. Anticoagulant drugs
  - 5. Erosion of blood vessel

VII. Blood Groups

- A. According to type
  - 1. A
  - 2. AB - universal recipient
  - 3. O - universal donor
  - 4. B
- B. According to factor
  - 1. Rh positive
  - 2. Rh negative
  - 3. Other factors

VIII. Laboratory Tests

- A. Blood counts
  - 1. CBC
  - 2. WBC - differential
  - 3. RBC
- B. Bleeding time
- C. Blood chemistry
- D. Serology
- E. Blood type - crossmatching

IX. Summary and Conclusion

   A. Functions

   B. Amount

   C. Blood composition

   D. Plasma components

   E. Formed elements

   F. Leukocytes

   G. Thrombocytes

   H. Blood clotting

   I. Blood groups

   J. Laboratory tests

In our next lesson you will be examining the lymphatic system, which carries tissue fluid back to the heart.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT X : RECOGNIZING CONCEPTS OF THE CARDIOVASCULAR SYSTEM

INTERACTION ITEMS:

1. What are some of the functions of the blood?
2. How does the blood regulate the internal environment of our body?
3. What percent of blood is plasma?
4. What are two characteristics of erythrocytes?
5. Where are erythrocytes produced?
6. What is the function of leukocytes?
7. How many thrombocytes do we have?
8. What are three causes of bleeding?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Obtain blood typing kits and have students type their own blood.
2. Visit a blood bank or have representative from blood bank speak to class.
3. Assign reports on blood disorders.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT X: RECOGNIZING CONCEPTS OF THE CARDIOVASCULAR SYSTEM

EVALUATION ITEMS:

1. The two functions of blood are:

   a.

   b.

2. There are _________ to _________ liters of blood in the body.

3. Blood is composed of:

   a.

   b.

4. List four components of plasma.

   a.

   b.

   c.

   d.

5. Two characteristics of erythrocytes are:

   a.

   b.

6. Name the two types of leukocytes and state where they are produced.

   a.

   b.

7. _________ are called platelets and are essential in the clotting of blood.

8. List three causes of bleeding.

   a.

   b.

   c.

9. Name the four groups of blood according to type.

   a.

   b.

   c.

   d.

10. Name the blood types that are the universal donor and the recipient.

    Donor:

    Recipient:

11. List three laboratory tests done on blood.

    a.

    b.

    c.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT X : RECOGNIZING CONCEPTS OF THE CARDIOVASCULAR SYSTEM

ANSWERS TO EVALUATION ITEMS:

1. a. Transportation
   b. Maintenance
2. 4,6
3. a. Plasma
   b. Formed elements
4. The student may list any four of the following:
   a. Water
   b. Proteins
   c. Nutrients
   d. Mineral salts
   e. Oxygen and carbon dioxide
   f. Waste products
   g. Hormones
   h. Antibodies
   i. Enzymes
5. a. No nucleus
   b. Survive for 3-4 months
6. a. Granular
   b. Nongranular
   They are produced in bone marrow and lymphatic tissue.
7. Thrombocytes
8. The student may list any three of the following:
   a. Deficiency of platelets
   b. Vitamin K deficiency
   c. Deficiency of vitamin C
   d. Anticoagulant drugs
   e. Erosion of blood vessels
9. a. A
   b. B
   c. AB
   d. O
10. Donor: O
    Recipient: AB
11. The student may list any three of the following:
    a. Complete blood count
    b. WBC
    c. RBC
    d. Bleeding time
    e. Blood chemistry
    f. Blood type - crossmatching
    g. Serology

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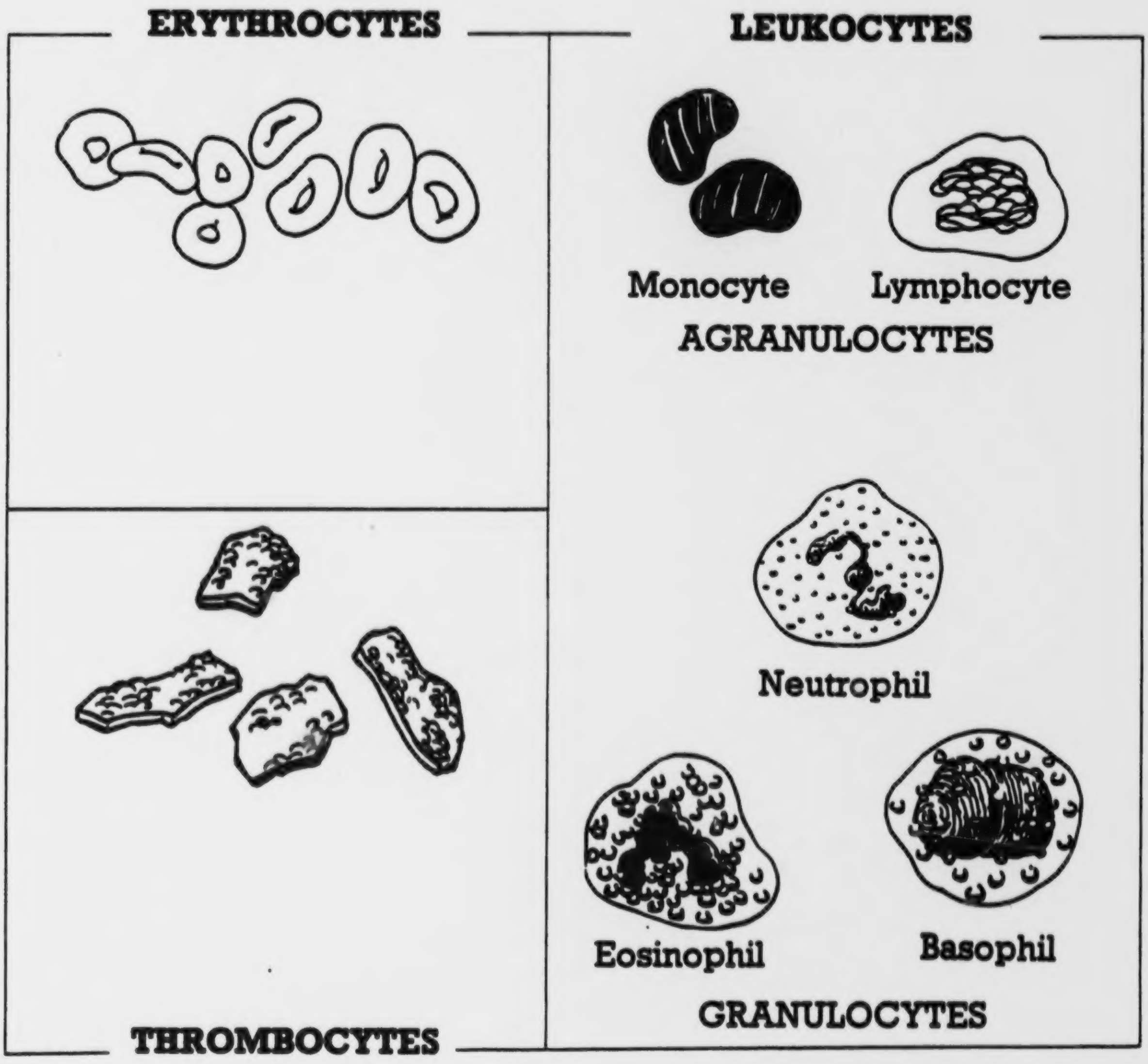
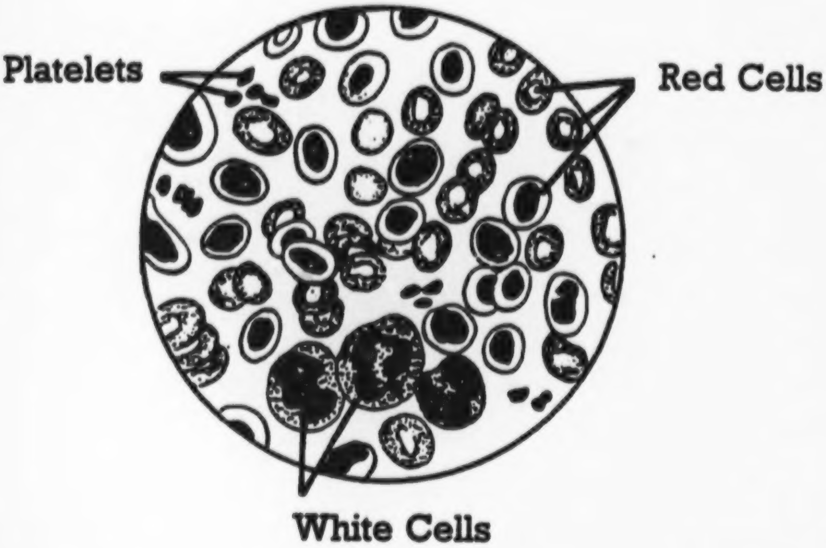
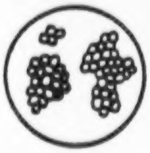
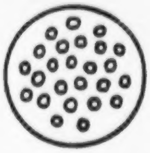
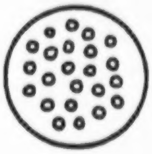
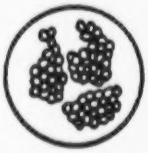
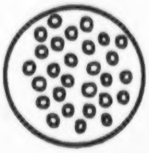
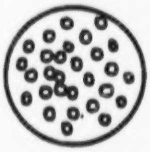
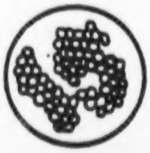
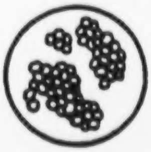
Formed Elements


ERYTHROCYTES
LEUKOCYTES
Monocyte
Lymphocyte
AGRANULOCYTES
Neutrophil
Eosinophil
Basophil
GRANULOCYTES
THROMBOCYTES

Blood


Platelets
Red Cells
White Cells

TYPE	**Anti-A**	**Anti-B**
A		
B		
O		
AB		

HO 3

Cardiovascular System - Blood Medical Terms and Definitions

Angiectasis (an'je-ek'tah-sis) - dilatation of a blood vessel

Angiogram (an'je-o-gram) - x-ray picture (roentgenogram) of a blood vessel

Angiospasm (an'je-o-spazm) - contraction of a blood vessel

Angiostenosis (an'je-o-ste-no'sis) - narrowing of the lumen (inner open space) of a blood vessel

Basophil (ba'so-fil) - a cell or structure staining readily with basic dyes

Cyanemia (si'ah-ni'me-ah) - bluishness of the blood

Eosinophil (e'o-sin'o-fil) - attracted to or stainable with rose-colored dye to stain

Erythroclasis (er'e-throk'lah-sis) - breaking up or splitting up of red blood cells

Erythroblast (e-rith'ro-blast) - an immature red cell

Erythrocyte (e-rith'ro-sit) - a red blood cell

Erythrocytosis (e-rith'ro-si-to'sis) - an increase in red blood cells

Erythropoiesis (e-rith'ro-poi-e'sis) - making or manufacturing of red blood cells

Hematocrit (he-mat'o-krit) - the volume percentage of red cells to the whole blood (separation of red cells for counting)

Hemolysis (he-mol'i-sis) - breaking down or destroying blood cells

Hemophilia (he'mo-fil'e-ah) - a disease in which the blood clots slowly (bleeder's disease)

Hemostat (he'mo-stat) - an instrument or medicine for stopping bleeding

Hyperglycemia (hi'per-gli-se'me-ah) - excessive sugar in the blood

Leukemia (lu-ke'me-ah) - excessive number of white blood cells

Lipemia (lip-e'me-ah) - abnormally high concentration of fat in the blood

Neutrophil (nu'tro-fil) - readily stained by a neutral stain or dye

Oligemia (ol'i-ge'me-ah) - deficiency in the volume of blood

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT X: RECOGNIZING CONCEPTS OF THE CARDIOVASCULAR SYSTEM

SCOPE OF UNIT:

This unit examines the structure and function of the cardiovascular system, including the heart, the lymphatics, blood vessels and blood. Medical terms and definitions relating to the cardiovascular system are included. Cardiopulmonary resuscitation technique will be learned.

INFORMATION TOPIC: X-4 OR DEMONSTRATION:

CARDIOVASCULAR SYSTEM - LYMPHATICS

(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Define lymph and list its functions.
2. Name two lymphatic vessels.
3. Recall lymphatic organs and their functions.
4. List the function of the lymph nodes and name the major nodes.

*5. Identify and define medical terms associated with the cardiovascular system - lymphatics.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: The Lymphatic System
2. HO 2: Lymph Nodes

*3. HO 3: Cardiovascular System - Lymphatic Medical Terms and Definitions

*This objective and HO 3 are optional. The use of this material is left to the instructor's discretion.

INFORMATIONAL ASSIGNMENT:

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REFERENCES:

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Schwartz, Estelle and Lillian Potter. Foundations of Patient Care. Philadelphia: J.B. Lippincott Co., 1981.

Thomas, Virginia. Life Sciences for Nursing and Health Technologies. 2nd ed. Huntington Beach, CA: Technicourse, Inc., 1974.

Literature from:

1. American Cancer Society
2. Leukemia Association

INTRODUCTION:

The lymphatic system is sometimes considered a subsystem of the cardiovascular system. It consists of the lymphatic vessels, lymph, and lymphatic tissue. It acts as a filtering system for the body.

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT X: RECOGNIZING CONCEPTS OF THE CARDIOVASCULAR SYSTEM

OUTLINE: (Key Points)

- I. Lymph - thin watery fluid (II-1)
  - A. Structure
    - 1. Excess fluid
    - 2. Certain waste products
  - B. Functions (II-2)
    - 1. Filtration
    - 2. Manufactures lymphocytes and monocytes
- II. Lymphatic Vessels (HO 1)
  - A. Structure - similar to blood vessels
  - B. Function - lymph mixes with blood plasma and becomes part of general circulation
  - C. Location - throughout body, similar to blood vessels
  - D. Specific vessels
    - 1. Right lymphatic duct
    - 2. Thoracic duct
- III. Lymphatic Organs (II-3)
  - A. Spleen
    - 1. Location - left and dorsal to the stomach
    - 2. Functions
      - a. Stores red blood cells
      - b. Destroys red blood cells
      - c. Filters out dead blood cells and cancer cells
      - d. Destroys bacteria
      - e. Manufactures lymphocytes

            - f. Produces antibodies and immunizes against certain diseases
    - B. Tonsils and adenoids
        - 1. Location - located in posterior portion of nasopharynx
        - 2. Function - unknown, but thought to help fight infection
    - C. Thymus gland
        - 1. Location - below the parathyroid gland; found only in children
        - 2. Functions
            - a. Produces lymphocytes
            - b. Establishes antibody formation in newborn

IV. Lymph Nodes (HO 2) (II-4)

- A. Functions
    - 1. Destroys bacteria
    - 2. Filters waste products and other foreign substances
- B. Major nodes
    - 1. Cervical nodes
    - 2. Inguinal nodes
    - 3. Axillary nodes

V. Summary and Conclusion

- A. Lymph
- B. Lymphatic vessels
- C. Lymphatic organs
- D. Lymph nodes

With our next session we will begin our study of the digestive system.

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LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT X: RECOGNIZING CONCEPTS OF THE CARDIOVASCULAR SYSTEM

INTERACTION ITEMS:

1. What can lymph be compared to?
2. What is the purpose of the lymphatic system?
3. Why is the spleen essential to life?
4. What happens to the lymph nodes when you develop an infection?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Have students write a report on leukemia - may assign different types.
2. Invite a guest speaker from the Leukemia Association.

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT X: RECOGNIZING CONCEPTS OF THE CARDIOVASCULAR SYSTEM

EVALUATION ITEMS:

1. What is lymph?

2. List the functions of lymph.

3. Name the two specific lymphatic vessels.

   a.

   b.

4. The three lymph organs are:

   a.

   b.

   c.

5. Name the functions of the spleen.

6. List the functions of the lymph nodes.

7. Name the three major lymph nodes.

   a.

   b.

   c.

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT X : RECOGNIZING CONCEPTS OF THE CARDIOVASCULAR SYSTEM

ANSWERS TO EVALUATION ITEMS:

1. Thin watery liquid containing excess tissue fluid and certain other waste products

2. Filtration and manufacture of lymphocytes and monocytes

3. a. Right lymphatic duct
   b. Thoracic duct

4. a. Spleen
   b. Tonsils and adenoids
   c. Thymus gland

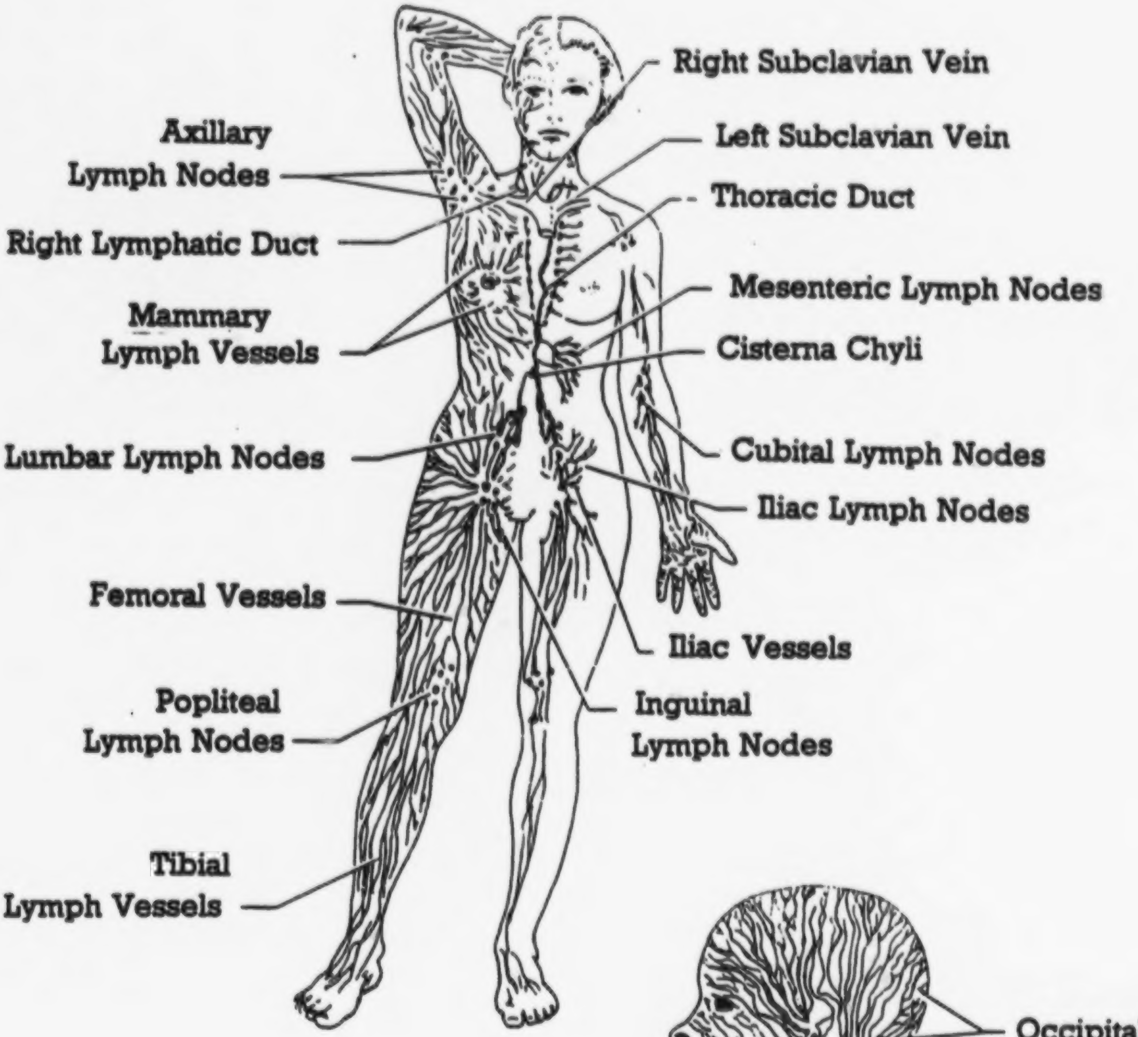
5. Stores red blood cells, destroys red blood cells, filters out dead blood cells, destroys bacteria, manufactures lymphocytes and produces antibodies.

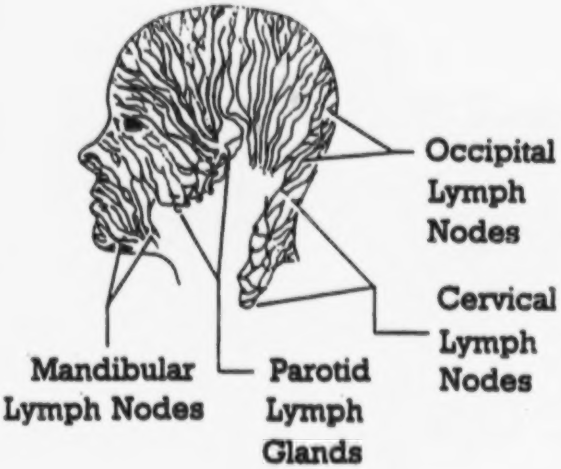
6. Destroy bacteria and filter waste products

7. a. Cervical nodes
   b. Inguinal nodes
   c. Axillary nodes

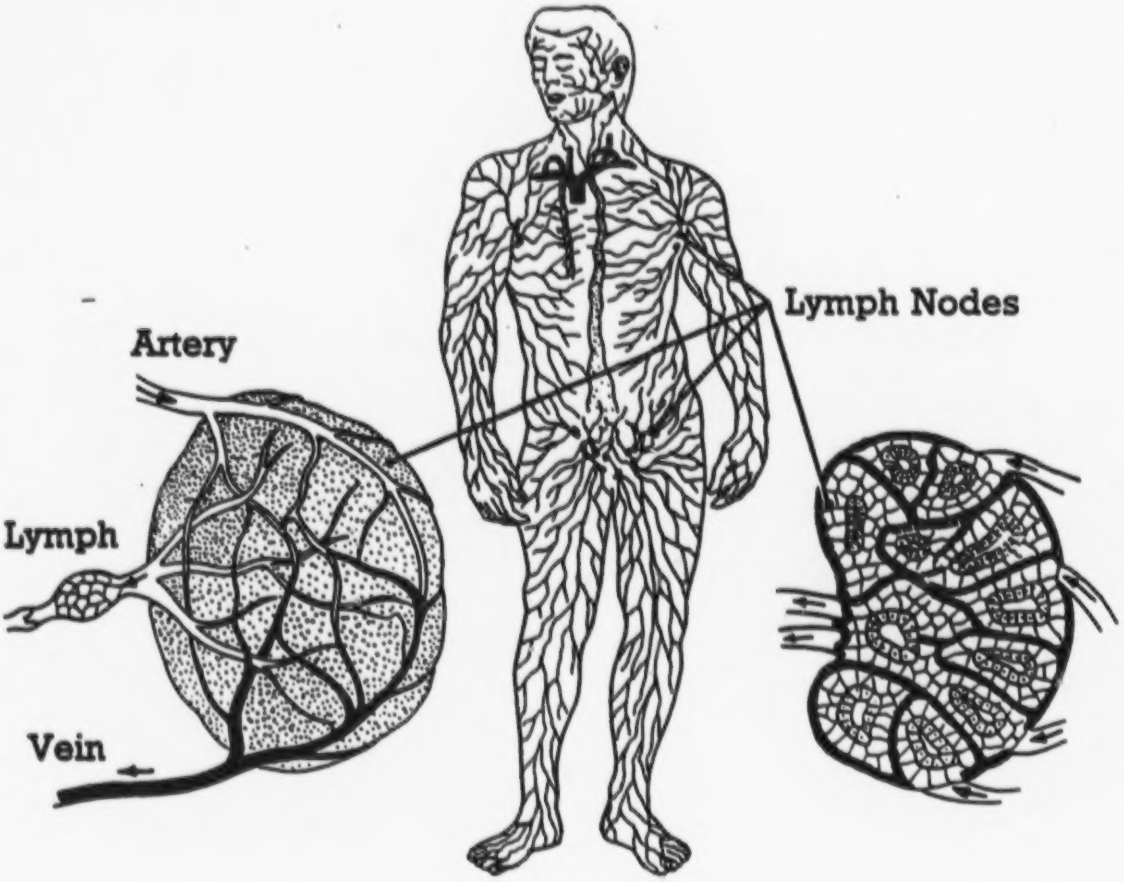
The Lymphatic System

LYMPH NODES AND VESSELS OF THE HEAD AND BODY


Right Subclavian Vein
Axillary Lymph Nodes
Left Subclavian Vein
Thoracic Duct
Right Lymphatic Duct
Mesenteric Lymph Nodes
Mammary Lymph Vessels
Cisterna Chyli
Lumbar Lymph Nodes
Cubital Lymph Nodes
Iliac Lymph Nodes
Femoral Vessels
Iliac Vessels
Popliteal Lymph Nodes
Inguinal Lymph Nodes
Tibial Lymph Vessels


Occipital Lymph Nodes
Cervical Lymph Nodes
Mandibular Lymph Nodes
Parotid Lymph Glands

Lymph Nodes


Lymph Nodes
Artery
Lymph
Vein

HO 3

Cardiovascular System - Lymphatic Medical Terms and Definitions

Adenitis (ad'e-ni'tis) - inflammation of a gland or glands

Adenoblast (ad'e-no-blast') - an embryonic cell producing glandular tissue

Adenodynia (ad'e-no-din'e-ah) - pain in a gland

Adenoid (ad'e-noid) - like or resembling a gland or the glands

Adenoma (ad'e-no'mah) - a tumor of a gland

Lymphadenitis (lim-fad'e-ni'tis) - inflammation of a lymph gland

Lymphangioma (lim-fan'je-o'mah) - a tumor rich in lymph vessels

Lymphocyte (lim'fo-sit) - a white cell which is formed in the lymph glands

Lymphopoiesis (lim'fo-poi-e'sis) - making or development of lymph

Splenatrophy (splen-at'ro-fe) - atrophy or wasting of the spleen

Splenectomy (sple-nek'to-me) - excision or removal of the spleen

Splenorrhagia (sple'no-ra'je-ah) - a bleeding or hemorrhage from the spleen

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XI: RECOGNIZING CONCEPTS OF THE DIGESTIVE SYSTEM

SCOPE OF UNIT:

The structure and function of the digestive system are examined. Medical terms and definitions pertaining to the digestive system are included. Nursing skills covered in this unit include administering an enema, giving and removing a bedpan and oral hygiene techniques.

INFORMATION TOPIC: XI-1 OR **DEMONSTRATION:**

DIGESTIVE SYSTEM
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. List the five general functions of the digestive system.
2. Identify the true organs of the digestive system and their functions.
3. Identify the accessory organs of digestion and their functions.
4. Describe the digestive pathway.
5. Identify and define medical terms associated with the digestive system.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Digestive System
2. HO 2: True Digestive Organs
3. HO 3: Junction of Stomach and Intestine
4. HO 4: Accessory Digestive Organs
5. HO 5: Molar
6. HO 6: Incisor
7. HO 7: Primary/Permanent Teeth
8. HO 8: Digestive Medical Terms and Definitions
9. State Fair Community College Media Center slide/tape #501: "Preview of the Digestive System"

INFORMATIONAL ASSIGNMENT:

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Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986.

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INTRODUCTION:

Digestion is the process of breaking complex foods into soluble, absorbable materials. The body then absorbs or stores the needed nutrients and eliminates the waste products.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XI: RECOGNIZING CONCEPTS OF THE DIGESTIVE SYSTEM

OUTLINE: (Key Points)

I. General Functions (HO 1) (II-1)

  A. Transports food

  B. Physical breakdown of food - mastication (chewing)

  C. Chemical breakdown of food - food mixes with mucus which is produced by the lining of the gastrointestinal tract

  D. Absorption

  E. Elimination

II. True Digestive Organs (HO 2)

  A. Mouth

    1. Structure

      a. Tongue - taste buds

      b. Hard palate

      c. Soft palate

      d. Uvula

    2. Function (II-2)

      a. Taste

      b. Speech

      c. Chewing

      d. Swallowing

  B. Pharynx - functions as the passageway for food and water, aids in swallowing and speaking (II-3)

  C. Esophagus - functions to conduct food via peristalsis, and produces mucus

  D. Stomach (II-4)

    1. Structure

730

        - a. Fundus
        - b. Body
        - c. Pyloric antrum
        - d. Lesser omentum
        - e. Greater omentum
        - f. Sphincters
            - (1) Cardiac
            - (2) Pyloric
    - 2. Functions
        - a. Digestive process
        - b. Reservoir
        - c. Absorption
        - d. Destruction of bacteria
        - e. Secretion of gastric juices (hydrochloric acid)

E. Small intestine (II-5)

- 1. Structure
    - a. Duodenum
    - b. Jejunum
    - c. Ileum
- 2. Functions
    - a. Storage
    - b. Digestion
    - c. Absorption
    - d. Secretes intestinal juice
    - e. Receives bile from gallbladder
    - f. Receives enzymes from pancreas

F. Large intestine (II-6)

1. Structure

   a. Cecum - appendix

   b. Ascending colon

   c. Transverse colon

   d. Descending colon

   e. Sigmoid colon

   f. Rectum

   g. Anal canal

2. Functions

   a. Reabsorbs water and vitamins

   b. Reabsorbs bile salts

   c. Defecation

III. Accessory Organs of Digestion (HO 4) (II-7)

A. Teeth (HO 5, 6, and 7)

1. Structure

   a. Crown

   b. Neck

   c. Root

   d. Cementum

   e. Peridontal membrane

2. Layers

   a. Enamel

   b. Dentin

   c. Pulp

3. Types

   a. Primary or deciduous ("baby" teeth) - 20 (II-8)

        b. Permanent - 32 (II-9)

        c. Incisors - eight - cut food

        d. Canines - four - shred food

        e. Premolars - eight - crush and grind food

        f. Molars - twelve (four wisdom) - crush and grind food

    4. Function - initiate the physical breakdown of food (mastication)

B. Salivary glands (II-10)

    1. Structure

        a. Paratoid

        b. Submandibular

        c. Sublingual

    2. Function

        a. Initiate starch digestion

        b. Lubricate food

C. Liver

    1. Structure

        a. Largest organ in the body

        b. Four lobes

    2. Functions (II-11)

        a. Metabolism

        b. Destruction of red blood cells

        c. Storage of vitamins

        d. Manufactures bile, cholesterol, blood protein

        e. Other functions

D. Pancreas (II-12)

    1. Is located behind stomach

    2. Secretes enzymes for digestion

        3. Secretes insulin to utilize sugar and keep blood sugar level stable

    E. Gallbladder

        1. Is located on undersurface of liver

        2. Stores and releases bile to emulsify fats

IV. Digestive Pathway

    A. Mouth

    B. Teeth

    C. Pharynx and esophagus

    D. Stomach

    E. Small intestine

    F. Large intestine

    G. Anus

V. Summary and Conclusion

    A. General function

    B. True digestive organs

    C. Accessory organs of digestion

    D. Digestive pathway

In the next lesson, you will learn what happens to the food you eat and why it is important to have a daily diet which includes the essential nutrients.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XI: RECOGNIZING CONCEPTS OF THE DIGESTIVE SYSTEM

INTERACTION ITEMS:

1. What are the five general functions of the digestive system?
2. What are the functions of the parts of the mouth?
3. Why do we need a pharynx and esophagus?
4. How does the stomach aid in digestion?
5. What role does the small intestine play in the process of digestion?
6. What are the functions of the large intestine?
7. Which organs are true digestive organs and which organs are classified as accessory organs?
8. What are the differences between deciduous and permanent teeth?
9. How many teeth does a child have? Adult?
10. How does saliva aid in the digestive process?
11. What functions does the liver perform?
12. Why is the pancreas such an important accessory organ?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Locate on an anatomical model the true digestive organs, then the accessory organs.
2. Trace a bite of food from ingestion to defecation. Explain what happens to food along its way through the digestive system.
3. Invite a dental hygienist, dental assistant, or dentist to speak on care of teeth.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XI: RECOGNIZING CONCEPTS OF THE DIGESTIVE SYSTEM

EVALUATION ITEMS:

1. The five general functions of the digestive system are:

   a.

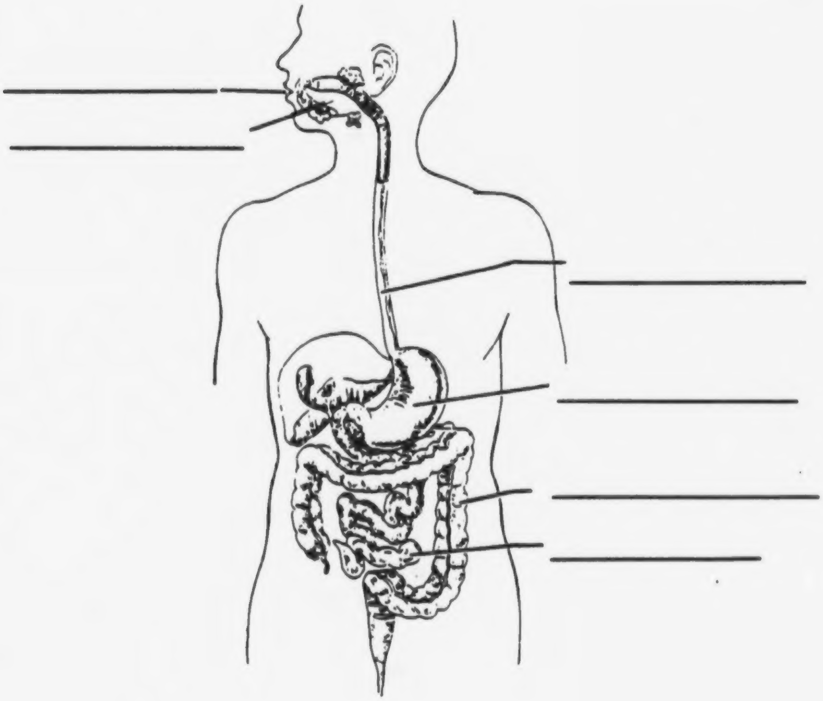
   b.

   c.

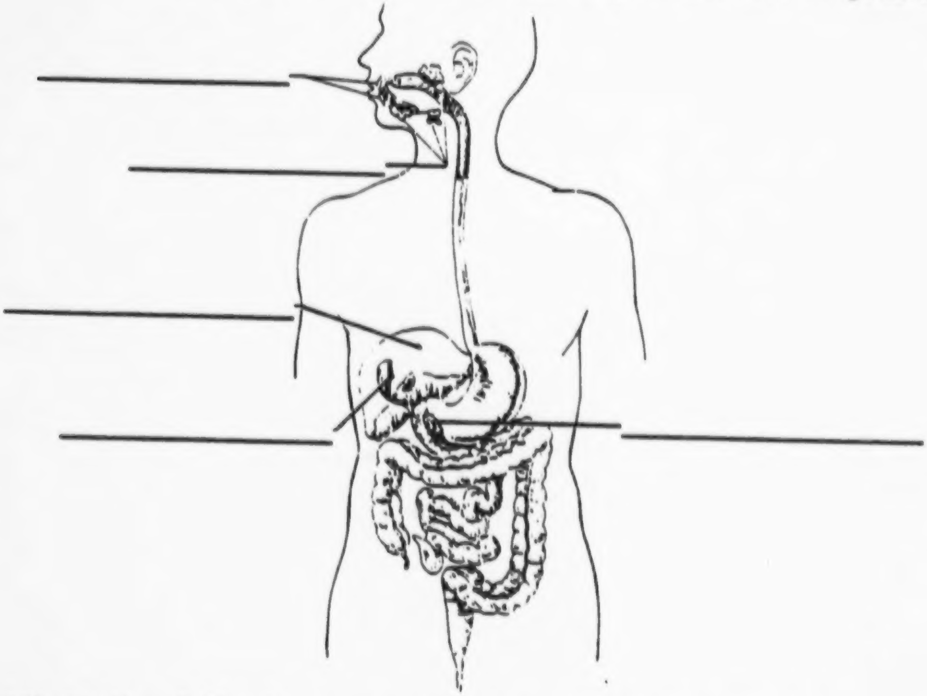
   d.

   e.

2. Label true parts of the digestive system on the diagram below.



3. Label the accessory organs of the digestive system on the diagram below.



4. For each of the following, write "T" if the statement is true, or "F" if it is false.

_____a. The gastrointestinal tract is lined with mucous membrane.

_____b. Mastication is the alternate contraction and relaxation of the alimentary canal.

_____c. Saliva changes starches to sugar.

_____d. Gastric juice contains insulin and hydrochloric acid.

_____e. As food passes through the stomach it enters the part of the small intestine called the ileum.

_____f. The stomach has two sphincter muscles.

_____g. The process of body cells using food materials is called metabolism.

_____h. The fundus is the lower portion of the stomach which connects to the small intestine.

_____i. The sharp front cutting teeth are called incisors.

_____j. A full set of permanent teeth consists of 20 teeth.

_____k. Dentin, enamel, and pulp are the layers of a tooth.

_____l. Deciduous teeth are also called primary teeth.

_____l. Deciduous teeth are also called primary teeth.

_____m. Liver manufactures bile, cholesterol, and blood protein.

_____n. The pancreas secretes insulin to emulsify fats.

5. Describe the digestive pathway of food from the mouth to the anus.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XI: RECOGNIZING CONCEPTS OF THE DIGESTIVE SYSTEM

ANSWERS TO EVALUATION ITEMS:

1. a. Transports food
   b. Physical breakdown of food
   c. Chemical breakdown of food
   d. Absorption
   e. Elimination

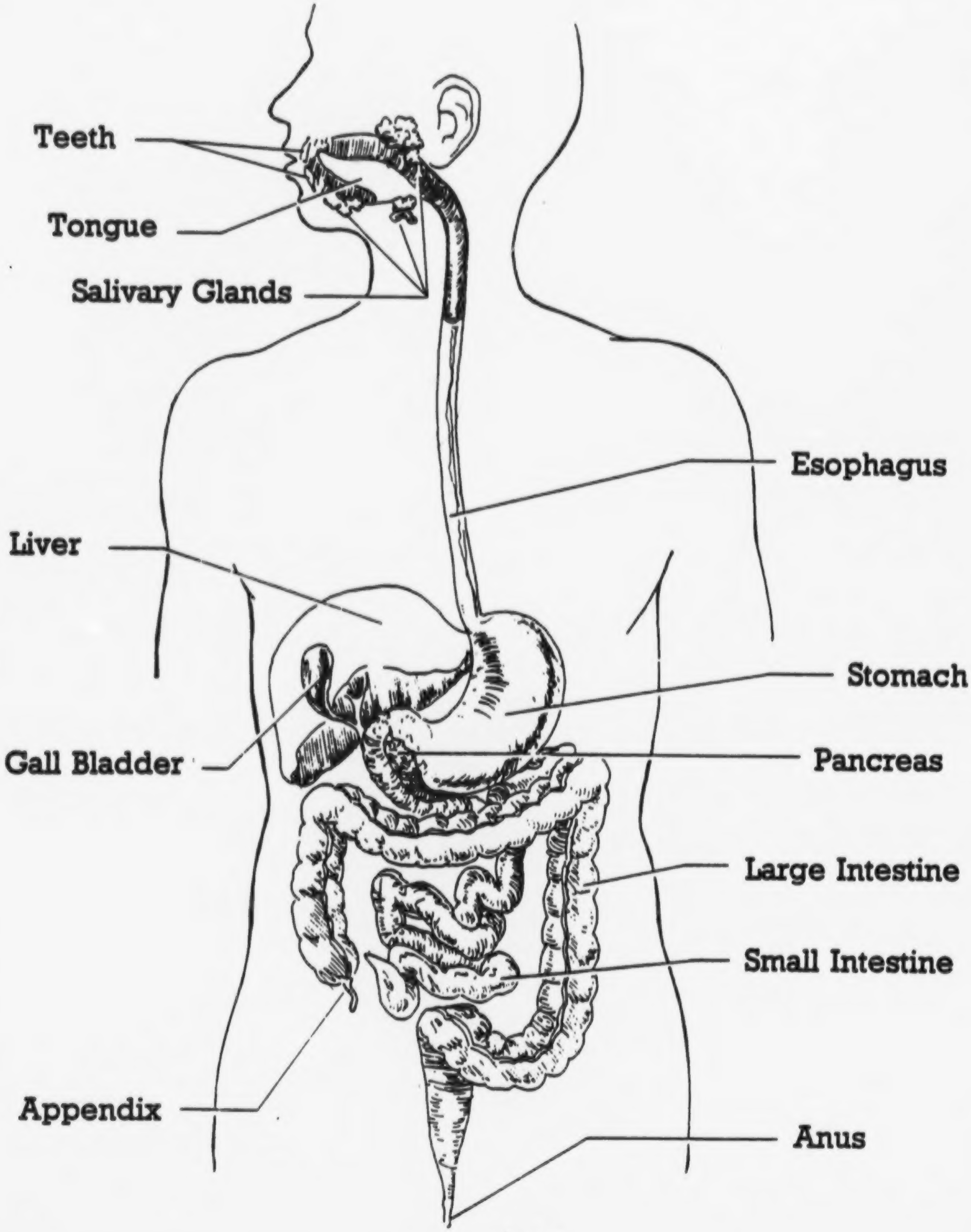
2. mouth; pharynx; esophagus; stomach; large intestine; small intestine

3. Teeth; salivary glands; liver; gallbladder; pancreas

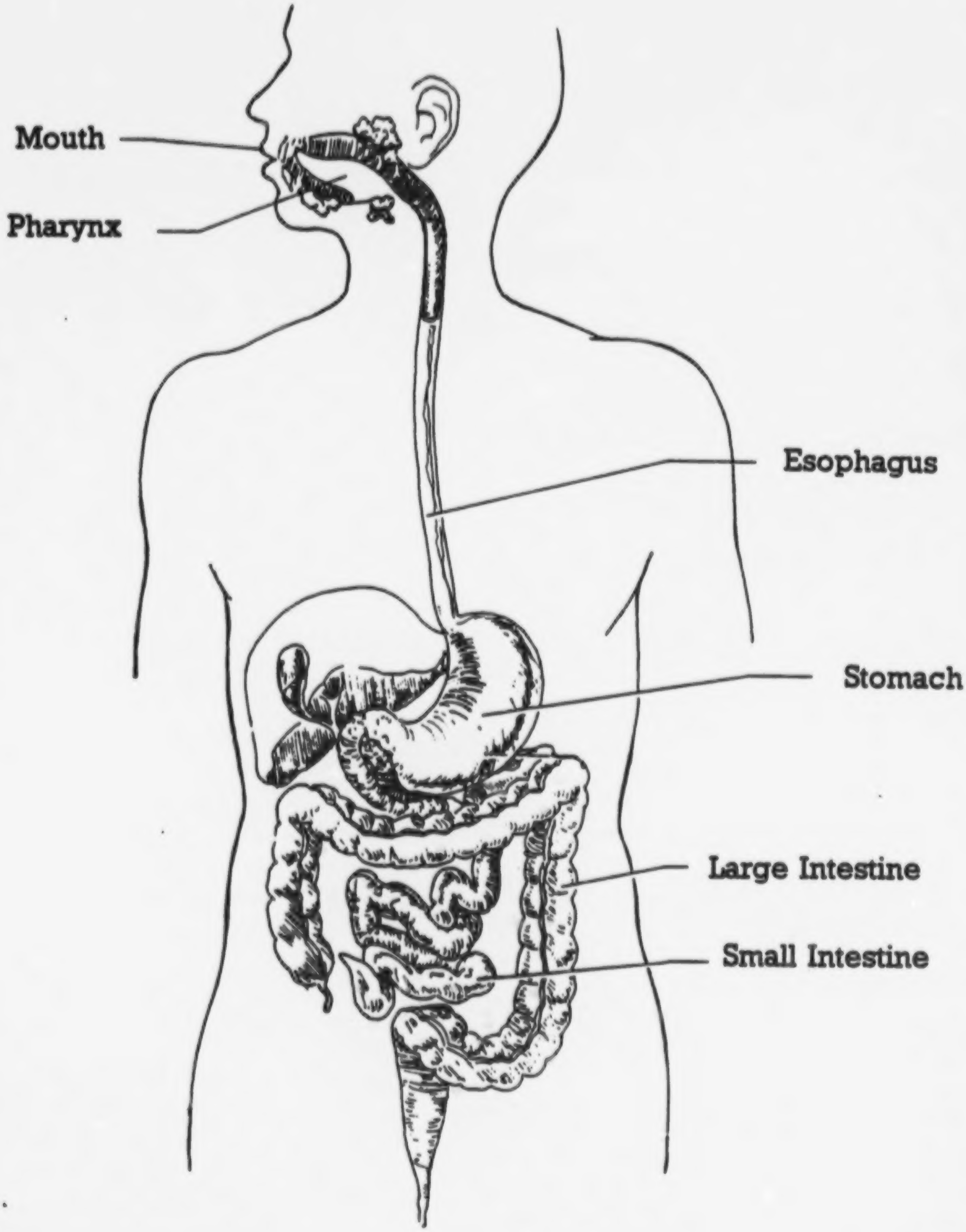
4. a. T
   b. F
   c. T
   d. F
   e. F
   f. T
   g. T
   h. F
   i. T
   j. F
   k. T
   l. T
   m. T
   n. F

5. Mouth, pharynx, esophagus, stomach, small intestine, large intestine, anus

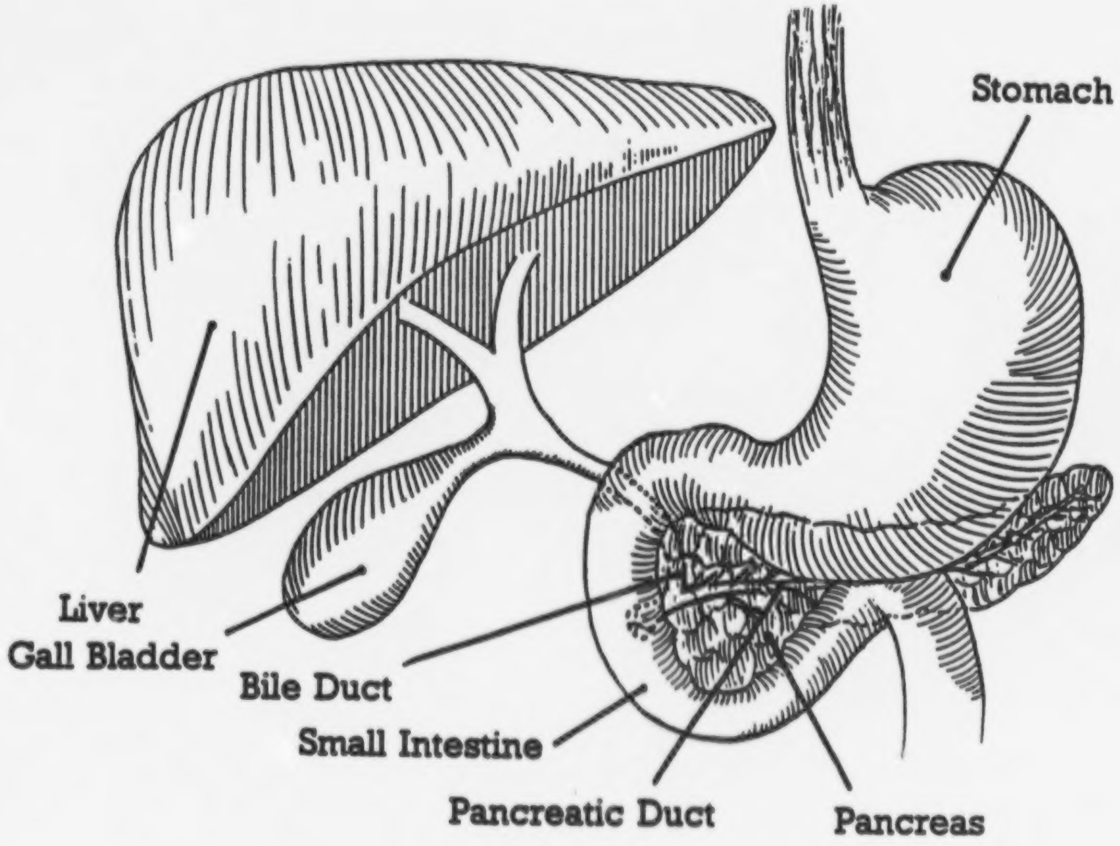
Digestive System


Teeth
Tongue
Salivary Glands
Esophagus
Liver
Stomach
Gall Bladder
Pancreas
Large Intestine
Small Intestine
Appendix
Anus

True Digestive Organs


Mouth
Pharynx
Esophagus
Stomach
Large Intestine
Small Intestine

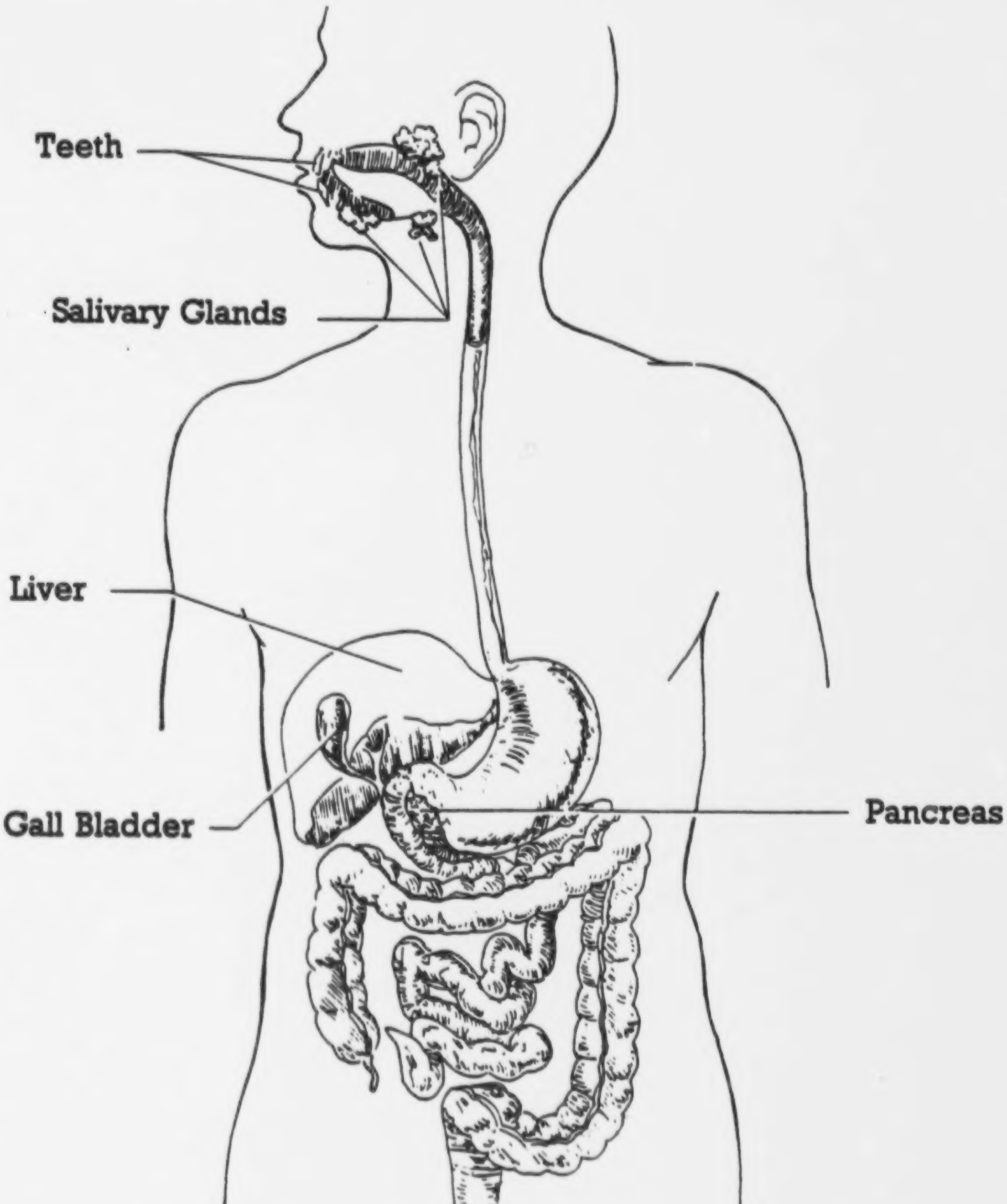
Junction of Stomach and Intestine


Stomach
Liver
Gall Bladder
Bile Duct
Small Intestine
Pancreatic Duct
Pancreas

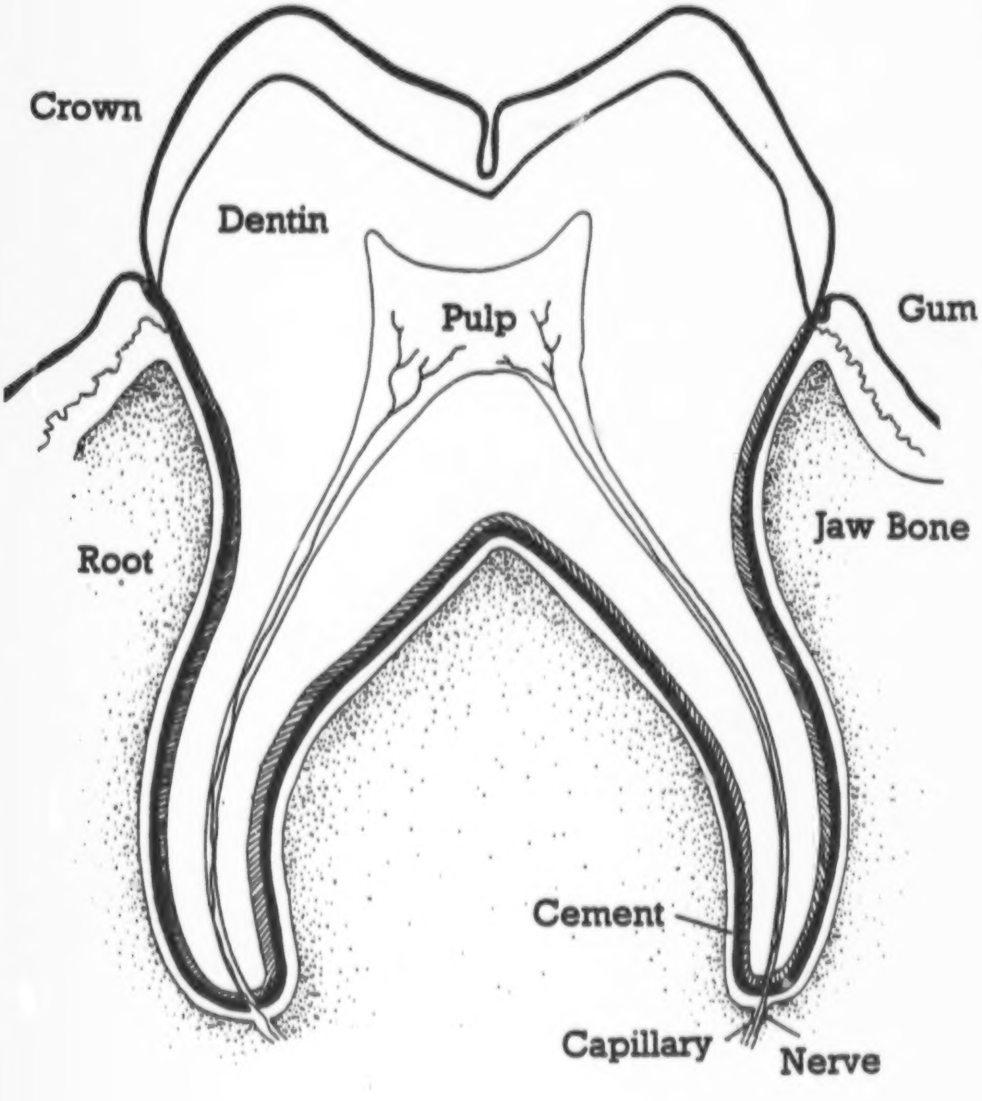
742

HO 4

Accessory Digestive Organs

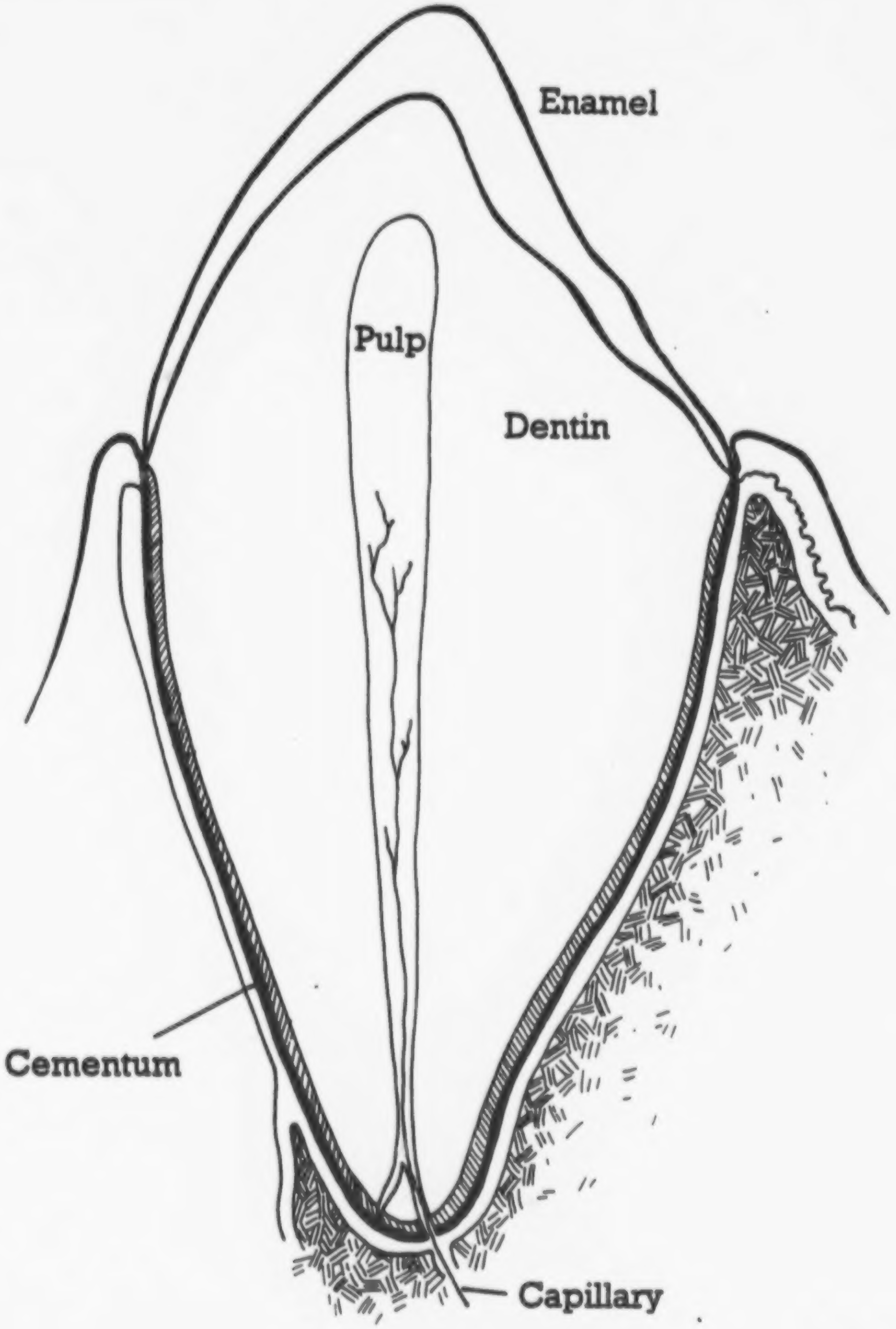

Teeth
Salivary Glands
Liver
Gall Bladder
Pancreas

Molar


Crown
Dentin
Pulp
Gum
Jaw Bone
Root
Cement
Capillary
Nerve

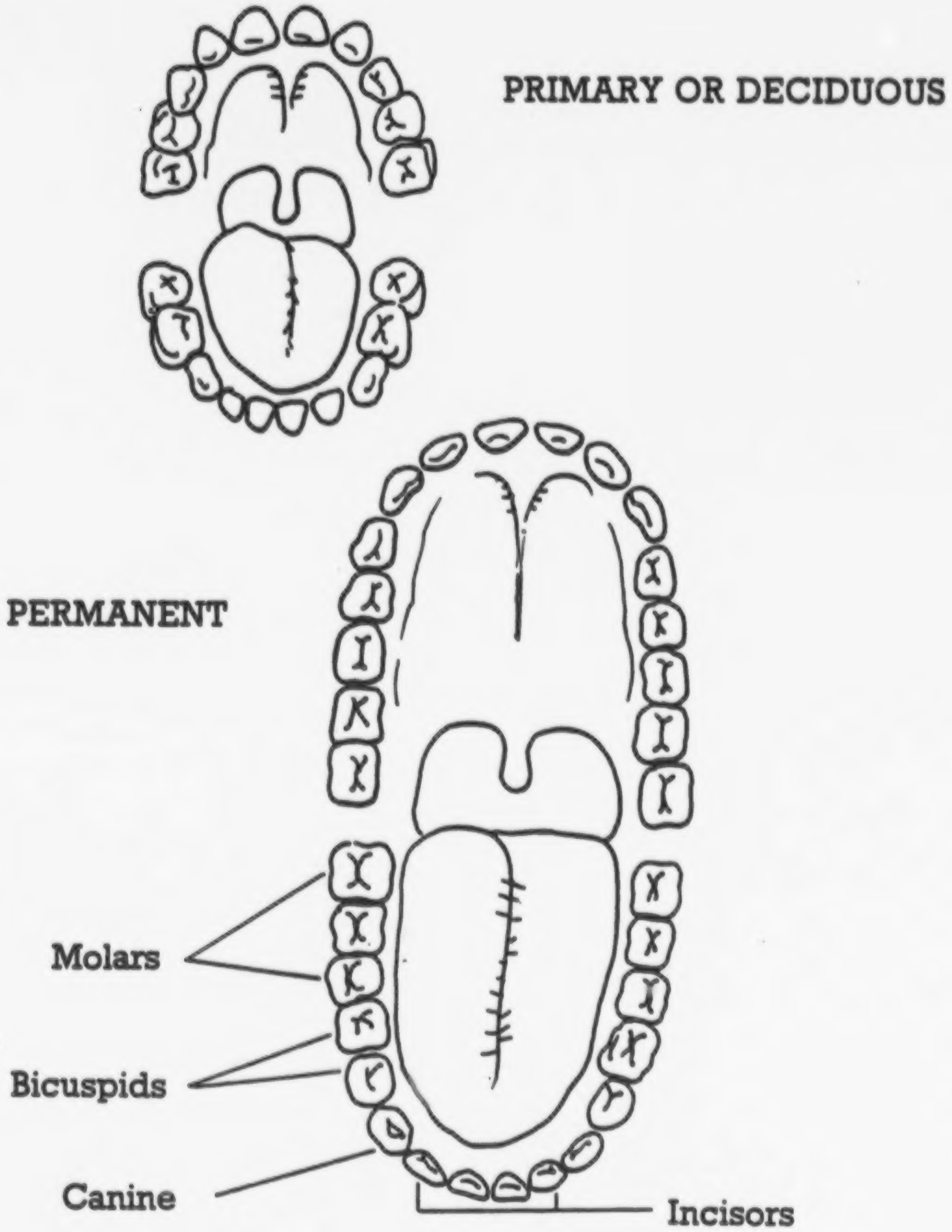
744

Incisor


Enamel
Pulp
Dentin
Cementum
Capillary

745

Primary/Permanent Teeth


PRIMARY OR DECIDUOUS
PERMANENT
Molars
Bicuspids
Canine
Incisors

HO 8

Digestive Medical Terms and Definitions

Ankyloglossia (ang'ki-lo-glos'e-ah) - tongue-tied

Cholecystectomy (ko'le-sis-tek'to-me) - excision or removal of the gallbladder

Cholecystitis (ko'le-sis-ti'tis) - inflammation of the gallbladder

Dipsogen (dip'so-jen) - an agent which produces thirst

Dipsomania (dip'so-ma'ne-ah) - compulsion or uncontrollable desire for alcoholic drink

Dipsosis (dip-so'sis) - a condition producing thirst

Dipsotherapy (dip'so-ther'ah-pe) - treatment by limitation of amount of water ingested

Enterocleisis (en'ter-o-kli'sis) - blockage or closure of the intestine

Enterococcus (en'ter-o-kok'us) - a type of intestinal bacteria

Enterolithiasis (en'ter-o-li-thi'ah-sis) - stones or calculi found in the intestine

Enterorrhexis (en'ter-o-rek'sis) - rupture of the intestinal wall

Gastralgia (gas-tral'je-ah) - pain in the stomach, stomachache

Glossorrhaphy (glo-sor'ah-fe) - suture of an injured tongue

Hematemesis (hem'at-em'e-sis) - vomiting of blood

Hepatic (he-pat'ik) - of or pertaining to the liver

Hepatitis (hep'ah-ti'tis) - inflammation of the liver

Hepatomegaly (hep'ah-to-meg'ah-le) - enlargement of the liver

Hepatorenal (hep'ah-to-re'nal) - pertaining to the liver and kidneys

Hepatorrhaphy (hep'ah-tor'ah-fe) - surgical repair or suture of the liver

Ileectomy (il'e-ek'to-me) - surgical removal or excision of the ileum

Ileitis (il'e-i'tis) - inflammation of the ileum

Ileocecal (il'e-o-se'kal) - pertaining to the ileum and cecum

Ileotomy (il'e-ot'o-me) - incision into the ileum

Polydipsia (pol'e-dip'se-ah) - excessive thirst

Proctocele (prok'to-sel) - hernial protrusion of the rectum

Proctologist (prok-tol'o-jist) - specialist in the diagnosis and treatment of rectal disorders

Proctopexy (prok'to-pek'se) - surgical fixing or fastening of the rectum

Proctoptosis (prok'top-to'sis) - prolapse or falling of the rectum

Proctoscopy (prok-tos'ko-pe) - examination of the rectum by the use of a proctoscope

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XI : RECOGNIZING CONCEPTS OF THE DIGESTIVE SYSTEM

SCOPE OF UNIT:

The structure and function of the digestive system are examined. Medical terms and definitions pertaining to the digestive system are included. Nursing skills covered in this unit include administering an enema, giving and removing a bedpan and oral hygiene techniques.

INFORMATION TOPIC: OR DEMONSTRATION: XI-2

GIVE AND REMOVE BEDPAN
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Demonstrate how to give and remove a bedpan according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Bedpans
2. Bedpan and cover

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed., Bowie, MD: The Robert J. Brady Co., 1986.

REFERENCES:

Fouts, Janet and Lynn Mullen. Nursing Assistant Training Manual. Beaverton, OR: Medi Form Printers and Publishers, Inc., 1984, pp. 174-176.

Johnson-Pawlson, Jean and Marsha Goodwin. How To Be A Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1985, pp. 128-129.

McClelland, Sharon and Geraldine Kaspar. A Clinical Manual for Nursing Assistants. Monterey, CA: Wadsworth Health Sciences Division, 1985, pp. 186-187.

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed., Bowie, MD: The Robert J. Brady Co., 1986, pp. 153-157.

INTRODUCTION:

Residents who are unable to get out of bed to use a portable bedside commode or go to the bathroom toilet, must use a bedpan. The male resident must use a bedpan if he needs to defecate. The female resident must use a bedpan for urination and defecation. Remember how important it is to keep this equipment clean to prevent the spread of infection, and that it is to be used only by the resident to whom it belongs. Always empty bedpans into toilet or hoppers, never into a sink.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XI : RECOGNIZING CONCEPTS OF THE DIGESTIVE SYSTEM

STEPS OF PROCEDURE:

Give and Remove a Bedpan with Resident Assisting

A. Steps beginning procedure

1. Wash your hands
2. Assemble necessary equipment
3. Identify and greet resident. Identify self.
4. Explain procedure to resident.
5. Provide privacy.

B. Resident who can assist procedure

6. Resident should be in supine position; turn back top bedding.

   NOTE: Sprinkle powder on bedpan to prevent sticking.

7. Have resident flex his/her knees and lift buttocks off mattress. Assist by slipping hand under the lower part of his/her back. If resident has pajamas or underwear on, lower it to his/her knees.
8. With your other hand, slip the bedpan under the resident's hips and adjust.
9. Raise the head of bed and side rails for resident's comfort and safety. Place toilet tissue and signal cord within reach.
10. Wash your hands and leave the room.
11. Return to room promptly when the resident signals or check on him/her after five minutes.

    NOTE: Do not leave resident on bedpan over ten minutes--may lead to extreme discomfort and result in skin breakdown.

12. Lower the head of bed and side rail of the side you are on.
13. Place one hand under the small of the back and assist resident to lift his/her hips.
14. Remove bedpan with other hand and then cover it.

C. Steps ending procedure

15. Wipe, wash and dry the perineal area from front to back.
16. Take bedpan to bathroom; measure urine if on I&O, and empty into toilet.
17. Clean and store equipment.
18. Wash your hands.
19. Give resident a wet washcloth to wash his/her hands, make resident comfortable and place signal cord within reach.
20. Record observations.

NOTE: Report anything unusual to charge nurse.

Give and Remove a Bedpan for the Helpless Resident

A. Steps beginning procedure

1-5. See Steps 1-5 of give and remove a bedpan with resident assisting procedure.

B. Resident who cannot assist procedure

6. Resident should be in supine position. Turn back top bedding except for top sheet; side rail of the side you are not working from should be up.
7. Turn resident on his/her side away from you.
8. Expose buttocks and position bedpan firmly against buttocks.
9. Place small pillow/rolled towel at top of bedpan at the small of the resident's back.
10. Turn resident toward you and onto the bedpan.
11. Raise the head of the bed if allowed; put side rail up. Place signal cord within reach.
12. Wash your hands and leave the room.
13. Return to room promptly when the resident signals or check on him/her after five minutes.
14. Lower the head of bed and the side rail of the side you are on.
15. Hold bedpan with one hand and roll resident off pan with other hand. This will prevent contents from spilling. Remove bedpan and cover it.

C. Steps ending procedure

16-21. See steps 15-20 of give and remove bedpan with resident assisting procedure.

SUMMARY AND CONCLUSION:

1. Ask interaction items.

2. Review steps of procedure.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XI : RECOGNIZING CONCEPTS OF THE DIGESTIVE SYSTEM

INTERACTION ITEMS:

1. What can you do to warm a bedpan?
2. What can you do to prevent a resident's skin from sticking to the bedpan.
3. Why would you use a fracture pan?
4. Why is it important to thoroughly clean a bedpan before storing it?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Instructor demonstrates how to place a bedpan for a resident who can help and one who cannot help.
2. Students practice giving a bedpan to one another, simulating a resident who can help and one who cannot help.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XI : RECOGNIZING CONCEPTS OF THE DIGESTIVE SYSTEM

EVALUATION ITEMS:

NAME OF STUDENT ____________________

GIVE AND REMOVE BEDPAN

EQUIPMENT:

1. Bedpan and cover

DID THE STUDENT	YES	NO
Give and Remove a Bedpan with Resident Assisting		
A. Steps beginning procedure		
1. Wash your hands		
2. Assemble necessary equipment		
3. Identify and greet resident. Identify self.		
4. Explain procedure to resident.		
5. Provide privacy.		
B. Resident who can assist procedure		
6. Resident should be in supine position; turn back top bedding.		
7. Have resident flex his/her knees and lift buttocks off mattress. Assist by slipping hand under the lower part of his/her back. If resident has pajamas or underwear on, lower it to his/her knees.		
8. With other hand, slip the bedpan under the resident's hips and adjust.		
9. Raise the head of bed and side rails for resident's comfort and safety. Place toilet tissue and signal cord within reach.		

	YES	NO
10. Wash hands and leave the room.		
11. Return to room promptly when the resident signals or check on him/her after five minutes.		
12. Lower the head of bed and side rail of side HSA is on.		
13. Place one hand under the small of the back and assist resident to lift hips.		
14. Remove bedpan with other hand and then cover it.		
C. Steps ending procedure 15. Wipe, wash and dry the perineal area from front to back.		
16. Take bedpan to bathroom; measure urine if on I&O, and empty into toilet.		
17. Clean and store equipment.		
18. Wash hands.		
19. Give resident a wet washcloth to wash his/her hands, make resident comfortable and place signal cord within reach.		
20. Record observations and repeat anything unusual to charge nurse.		
Give and Remove a Bedpan for the Helpless Resident A. Steps beginning procedure 1-5. See Steps 1-5 of give and remove a bedpan with resident assisting procedure.		
B. Resident who cannot assist procedure 6. Resident should be in supine position. Turn back top bedding except for top sheet; side rail of the side HSA is not working from should be up.		
7. Turn resident on his/her side away from HSA.		

	YES	NO
8. Expose buttocks and position bedpan firmly against buttocks.		
9. Place small pillow/rolled towel at top of bedpan at the small of the resident's back.		
10. Turn resident toward you and onto the bedpan.		
11. Raise the head of the bed if allowed; put side rail up. Place signal cord within reach.		
12. Wash your hands and leave the room.		
13. Return to room promptly when the resident signals or check on him/her after five minutes.		
14. Lower the head of bed and the side rail of side HSA is on.		
15. Hold bedpan with one hand and roll resident off pan with other hand. Remove bedpan and cover it.		
C. Steps ending procedure 16-21. See steps 15-20 of give and remove bedpan with resident assisting procedure.		

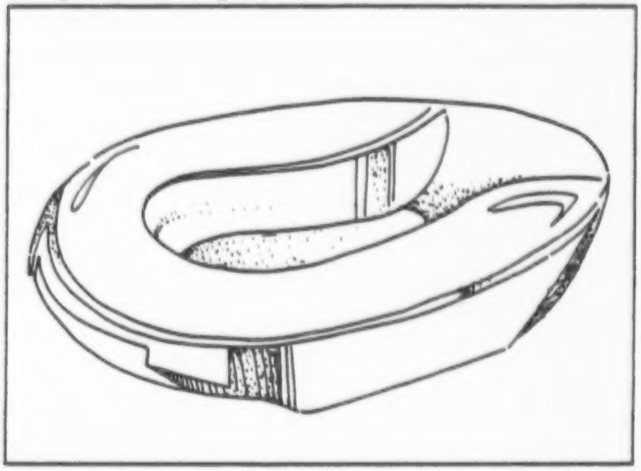
The student has satisfactorily completed the procedure "GIVE AND REMOVE BEDPAN" according to the steps outlined.

Instructor's/Charge Personnel's Signature
(Verifying Satisfactory Completion)

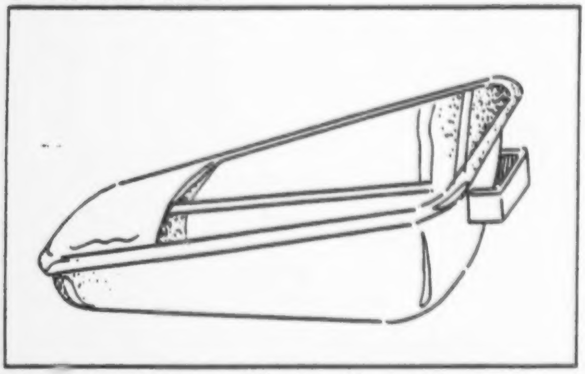
Date

Bedpans

Regular Bedpan



Fracture Pan



Used for thin or disabled residents who do not have large stools.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XI: RECOGNIZING CONCEPTS OF THE DIGESTIVE SYSTEM

SCOPE OF UNIT:

The structure and function of the digestive system are examined. Medical terms and definitions pertaining to the digestive system are included. Nursing skills covered in this unit include administering an enema, giving and removing a bedpan and oral hygiene techniques.

INFORMATION TOPIC: OR DEMONSTRATION: XI-3

ADMINISTER AN ENEMA
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT WILL BE ABLE TO:

1. Demonstrate how to administer an enema according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Administering an Enema
2. Enema bag/bucket or ready-to-use enema
3. Enema soap (if applicable)
4. Bedpan and toilet tissue
5. Tap water - 105°
6. Disposable/reusable bed protector
7. Water soluble lubricant
8. IV pole to hang bag
9. Paper towel

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, p. 261.

REFERENCES:

Fouts, Janet and Lynn Mullen. Nursing Assistant Training Manual. Beaverton, OR: Medi Form Printers and Publishers, Inc., 1984, pp. 182-183.

Johnson-Pawlson, Jean and Marsha Goodwin. How to Be a Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1985. pp. 227-230.

McClelland, Sharon and Geraldine Kaspar. A Clinical Manual for Nursing Assistants. Monterey, CA: Wadsworth Health Sciences Division, 1985, pp. 180-181.

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, p. 261.

INTRODUCTION:

Some residents cannot eliminate stool in a natural manner and need some help. We can provide help by administering enemas. The type of enema will be determined by the instruction received from the charge nurse. There are several types of enemas that can be given, such as cleansing or oil-retention. The procedure is basically the same for each type. Never give an enema in a sitting position because the solution cannot flow into the bowel.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XI: RECOGNIZING CONCEPTS OF THE DIGESTIVE SYSTEM

STEPS OF PROCEDURE:

Administer an Enema (HO 1)

Steps beginning procedure

1. Wash your hands.
2. Assemble necessary equipment.
3. Identify and greet resident. Identify self.
4. Explain procedure to resident.
5. Provide privacy.
6. Have resident empty his/her bladder; assist with bedpan/bedside commode.

Enema procedure

7. Resident should be in bed, head of bed flat if tolerated; cover resident with bath blanket and turn down top bedding.
8. Place bed protector under buttocks; assist or turn resident to left side with knees flexed, if possible.

   NOTE: Left side promotes flow of solution.
9. Place bedpan at foot of bed or bedside commode near bed if resident can't go to bathroom toilet.
10. Clamp enema tubing; fill enema bag with amount of solution ordered by physician.

    NOTE: Usual amount is 1,000 cc's of 105° water.
11. a. If giving a soapsuds enema, empty liquid soap into filled container and agitate gently to distribute soap.

       NOTE: Do not make suds because this will put air into the resident's bowel.

    b. If giving a saline enema, add salt and agitate gently.
12. Expel air from tubing by allowing small amount of solution to flow into bedpan/bedside commode, then clamp/pinch tubing a few

inches from tip.

13. Put about a teaspoon of lubricant on a piece of toilet tissue. Rub lubricant on lower three inches of tube.

14. If wearing disposable gloves, put them on now.

15. Raise upper buttocks to expose anus.

16. Ask resident to take a deep breath while you insert tip of rectal tube. Rotate tip slowly as you insert it about three inches. If you feel resistance or if the resident complains of pain, remove tube; cover resident and notify charge nurse.

17. Release lifted buttock and unclamp tubing. Hold bag or place it so that the level of the solution is never higher than 12 inches above the anus.

18. Adjust flow of solution for resident's comfort—lower the bag if resident complains of cramping.

19. Have resident take deep breaths through his/her mouth to relax him/her.

20. If resident has severe cramps or pain that does not pass, or if he/she starts perspiring heavily or feels faint, discontinue enema and notify charge nurse.

21. If resident has trouble holding solution, stop the flow for a few minutes and then start again.

22. Clamp tube when solution is taken and remove tube, rotate it slowly and gently as you pull it out. Wrap in paper towel or put it in the container.

23. Ask resident to retain solution as long as possible. You can assist by applying slight pressure over anal region by holding/pressing buttocks together.

24. Assist resident onto bedpan/bedside commode or assist to toilet. If taken to bathroom, instruct not to flush toilet so results can be checked.

25. Place call signal and toilet tissue within reach.

26. Wash your hands and leave the room, unless assistance is needed because of resident's age or condition.

27. Check on resident after five minutes, or before, if he/she signals.

28. When finished, remove bedpan and observe results—note characteristics of stool.

29. Clean resident with wet washcloth and dry peri area thoroughly.

Steps ending procedure

30. Remove, clean and store equipment.

31. Wash your hands.

32. Give resident a wet washcloth to wash his/her hands, make resident comfortable and place signal cord within reach.

33. Record observations.

NOTE: Report anything unusual to charge nurse.

SUMMARY AND CONCLUSION:

1. Ask interaction items.

2. Review steps of procedure.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XI: RECOGNIZING CONCEPTS OF THE DIGESTIVE SYSTEM

INTERACTION ITEMS:

1. What is the temperature of the enema solution for a soapsuds enema?
2. When an enema is given, the resident should be in what position? Why?
3. What should you do if the resident complains of pain and/or cramping?
4. What should you do if the resident feels faint or starts perspiring heavily?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Instructor demonstrates setting up equipment and giving an enema using Chase doll.
2. Students practice setting up equipment and giving an enema on Chase doll.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XI: RECOGNIZING CONCEPTS OF THE DIGESTIVE SYSTEM

EVALUATION ITEMS: NAME OF STUDENT ______________

ADMINISTER AN ENEMA

EQUIPMENT:

1. Enema bag/bucket or ready-to-use enema
2. Enema soap (if applicable)
3. Bedpan and toilet tissue
4. Tap water - 105°
5. Disposable/reusable bed protector
6. Water soluble lubricant
7. IV pole to hang bag
8. Paper towel

DID THE STUDENT	YES	NO
A. Steps beginning procedure		
1. Wash hands.		
2. Assemble necessary equipment.		
3. Identify and greet resident. Identify self.		
4. Explain procedure to resident.		
5. Provide privacy.		
6. Have resident empty his/her bladder, assist with bedpan/bedside commode.		
B. Enema procedure		
7. Resident should be in bed, head of bed flat if tolerated; cover resident with bath blanket and turn down top bedding.		
8. Place bed protector under buttocks; assist or turn resident to left side with knees flexed, if possible.		
9. Place bedpan at foot of bed or bedside commode near bed if resident can't go to bathroom toilet.		

	YES	NO
10. Clamp enema tubing; fill enema bag with amount of solution ordered by physician.		
11. a. If giving a soapsuds enema, empty liquid soap into filled container and agitate gently to distribute soap.		
b. If giving a saline enema, add salt and agitate gently.		
12. Expel air from tubing by allowing small amount of solution to flow into bedpan/bedside commode, then clamp/pinch tubing a few inches from tip.		
13. Put about a teaspoon of lubricant on a piece of toilet tissue. Rub lubricant on lower three inches of tube.		
14. If wearing disposable gloves, put them on now.		
15. Raise upper buttocks to expose anus.		
16. Ask resident to take a deep breath while he/she inserts tip of rectal tube. Rotate tip slowly as he/she inserts it about three inches. If there is resistance or if the resident complains of pain, remove tube, cover resident and notify charge nurse.		
17. Release lifted buttock and unclamp tubing. Hold bag or place it so that the level of the solution is never higher than 12 inches above the anus.		
18. Adjust flow of solution for resident's comfort--lower the bag if resident complains of cramping.		
19. Have resident take deep breaths through his/her mouth to relax him/her.		
20. If resident has severe cramps or pain that does not pass, or if he/she starts perspiring heavily or feels faint, discontinue enema and notify charge nurse.		

	YES	NO
21. If resident has trouble holding solution, stop the flow for a few minutes and then start again.		
22. Clamp tube when solution is taken and remove tube, rotate it slowly and gently as he/she pulls it out. Wrap in paper towel or put it in the container.		
23. Ask resident to retain solution as long as possible. Assist by applying slight pressure over anal region by holding/pressing buttocks together.		
24. Assist resident onto bedpan/bedside commode or assist to toilet. If taken to bathroom, instruct not to flush toilet so results can be checked.		
25. Place call signal and toilet tissue within reach.		
26. Wash hands and leave the room, unless assistance is needed because of resident's age or condition.		
27. Check on resident after five minutes or before if he/she signals.		
28. When finished, remove bedpan and observe results—note characteristics of stool.		
29. Clean resident with wet washcloth and dry peri area thoroughly.		
C. Steps ending procedure 30. Remove, clean and store equipment.		
31. Wash your hands.		
32. Give resident a wet washcloth to wash his/her hands. Make resident comfortable and place signal cord within reach.		
33. Record observations and report anything unusual to charge nurse.		

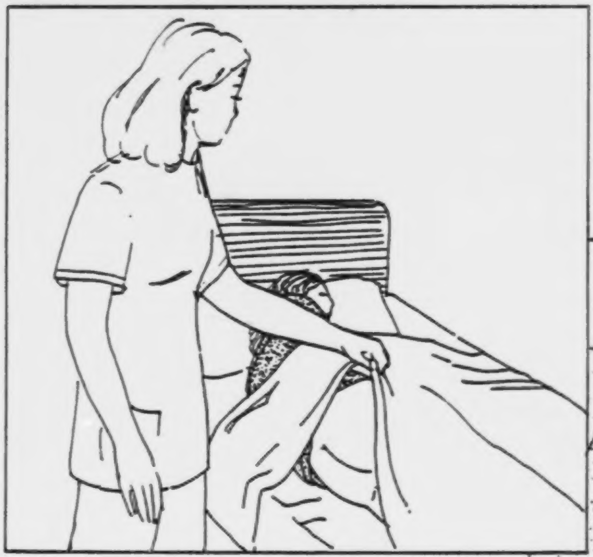
The student has satisfactorily completed the procedure "ADMINISTER AN ENEMA" according to the steps outlined.

Instructor's/Charge Personnel's Signature
(Verifying Satisfactory Completion)

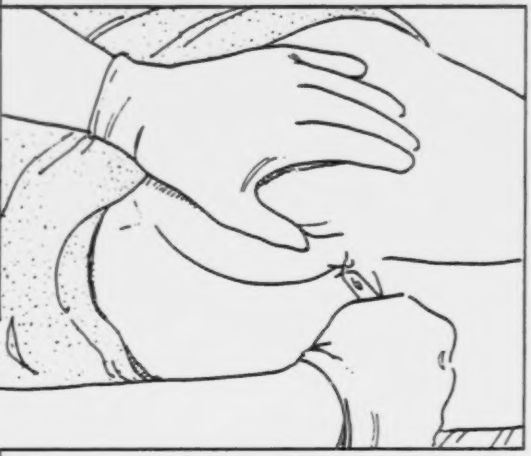
Date

Administering an Enema

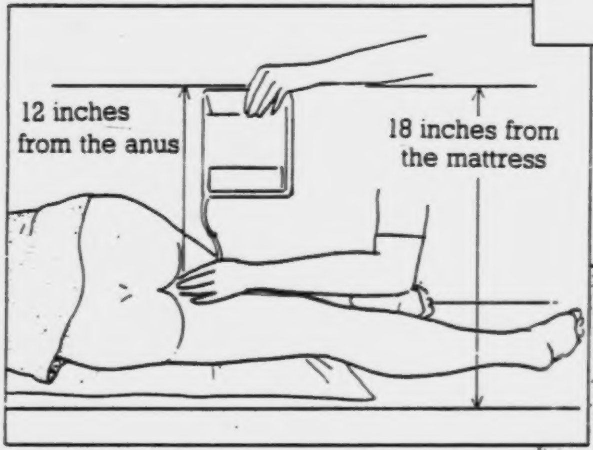
1. Positioning of Resident



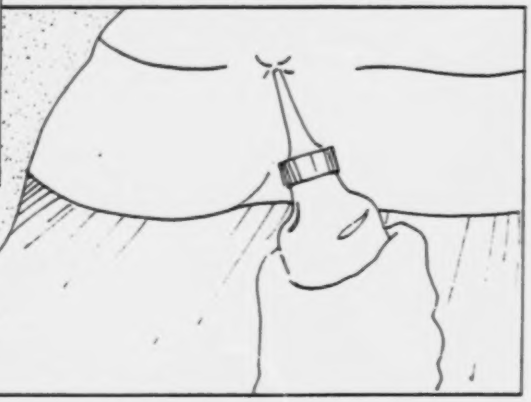
2. Inserting Enema Tubing



3. Level of Enema Bag


12 inches from the anus
18 inches from the mattress

4. Ready-to-Use Enema



LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XI: RECOGNIZING CONCEPTS OF THE DIGESTIVE SYSTEM

SCOPE OF UNIT:

The structure and function of the digestive system are examined. Medical terms and definitions pertaining to the digestive system are included. Nursing skills covered in this unit include administering an enema, giving and removing a bedpan and oral hygiène techniques.

INFORMATION TOPIC: XI-4 AND DEMONSTRATION: XI-4

ORAL HYGIENE
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Define terms presented in this lesson.
2. List four purposes of oral hygiene.
3. List three observations the health services assistant can make while giving oral hygiene.
4. Recognize four key points in the care of dentures.
5. Demonstrate assisting with oral hygiene according to the steps of procedure.
6. Demonstrate administering oral hygiene to the helpless or unconscious resident according to the steps of procedure.
7. Demonstrate how to provide denture care according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Trainex filmstrip #269: "Oral Hygiene"
2. Cup or glass
3. Emesis basin
4. Water

5. Toothbrush
6. Hand towel
7. Toothpaste, powder, or denture cleanser
8. Mouthwash
9. Denture cup (if applicable)
10. Clean washcloth, towel
11. Tongue depressor
12. Lemon and glycerine swab, toothette, or other mouth care swab
13. Lip balm

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 111-119; 131-135.

REFERENCES:

Fouts, Janet and Lynn Mullen. Nursing Assistant Training Manual. Beaverton, OR: Medi Form Printers and Publishers, Inc., 1984, pp. 83-36.

Johnson-Pawlson, Jean and Marsha Goodwin. How to Be a Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1985. pp. 116-121.

McClelland, Sharon and Geraldine Kaspar. A Clinical Manual for Nursing Assistants. Monterey, CA: Wadsworth Health Sciences Division, 1985, pp. 123-127.

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 111-119; 131-135.

Sorrentino, Sheila A. Mosby's Textbook for Nursing Assistants. St. Louis: The C.V. Mosby Co., 1984, pp. 205-212.

INTRODUCTION:

Oral hygiene is the cleaning and care of the teeth, gums, and inside surfaces of the mouth. Plaque is a sticky, transparent bacterial film found on the teeth. If plaque is not removed, it will react with sugar from foods eaten to produce an acid and toxins which can dissolve the outer covering of the teeth causing decay and irritation of the gums. Eventually it can lead to loss of teeth. Good brushing and mouth care can remove the plaque.

Think about how your mouth tastes upon waking up in the morning or by the end of a day. It can definitely affect your appetite and the way you feel. Halitosis can prevent communication from occurring; it is uncomfortable to be around someone who has "bad breath."

Many of the residents cannot carry out this procedure by themselves; others may only need for you to prepare everything for them. See that our residents get proper mouth care.

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XI: RECOGNIZING CONCEPTS OF THE DIGESTIVE SYSTEM

I. Terms and Definitions

A. Halitosis - bad breath

B. Plaque - sticky, transparent bacterial film found on the teeth

II. Key Points of Oral Hygiene

A. A clean mouth and properly functioning teeth are essential for physical and mental well-being of the resident.

B. Purposes of oral hygiene (mouth care)

1. Prevent infections in mouth

2. Remove food particles and plaque

3. Stimulate circulation of gums

4. Eliminate bad taste in mouth, thus food is more appetizing

C. A resident should have oral hygiene at the following times:

1. After meals and at bedtime

2. The unconscious resident requires mouth care every two hours.

a. He/she usually breathes only through the mouth causing secretions to stick on surfaces of the mouth.

b. Always keep the head turned to the side to allow for secretions to drain from the mouth and preventing them from collecting at the back of the resident's throat which could result in choking.

D. Specific observations to make

1. Tooth decay (blackened), any loose or broken teeth

2. Red or swollen gums

3. Sores or white patches in the mouth or on the tongue

4. Changes in eating habits

NOTE: If resident avoids foods that require a lot of chewing it may indicate pain in mouth.

5. Dentures that do not fit properly

E. All mouth-care equipment (toothbrush, cup, toothpaste) of the resident should be labeled with his/her name to prevent mixing up equipment. This could be a source of spreading infection.

F. Dilute mouthwash since it has such a strong flavor: 1/2 part mouthwash to 1/2 part water.

G. Mouthwash does not replace the need to brush teeth; it only makes the mouth taste fresher.

III. Key Points of Denture Care

A. Handle dentures (false teeth) carefully to prevent damage; they are expensive to replace.

B. Keep dentures in water when not in the mouth to prevent warping; never use hot water to clean or store them, it could also cause warping.

C. Soaking dentures in denture solution does not eliminate the need for daily brushing.

D. Denture cup should be labeled with resident's name.

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XI: RECOGNIZING CONCEPTS OF THE DIGESTIVE SYSTEM

IV. Steps of Procedure to Assist With Oral Hygiene

A. Steps beginning procedure

1. Wash your hands.
2. Arrange necessary equipment for resident.
3. Identify and greet resident. Identify self.
4. Explain procedure to resident.
5. Provide privacy.

B. Assist with oral hygiene procedure

6. Dilute mouthwash (1/2 mouthwash to 1/2 water).
7. Assist resident to bathroom or upright sitting position.
8. Pour water over toothbrush; instruct or assist resident to put a small amount of toothpaste on the toothbrush.
9. Instruct or assist resident to brush along gumline, then brush teeth up and down on both sides.
10. Brush the biting surfaces of the molars with a back and forth motion.
11. Brush the tongue gently.
12. Instruct or assist resident to rinse his/her mouth with water; hold emesis basin under resident's chin with one hand.
13. Allow resident to spit into emesis basin or sink; wipe lips with towel.
14. Provide resident with mouthwash (may use a straw); instruct resident to swish around in mouth and spit out.

    NOTE: Instruct resident not to swallow mouthwash.

15. Allow resident to spit into emesis basin or sink; wipe lips with hand towel.
16. Lubricate lips with lip balm.

C. Steps ending procedure

17. Remove, clean, and store equipment.

18. Wash hands; wash resident's hands.

19. Make resident comfortable.

20. Record observations.

NOTE: Report anything unusual to charge nurse.

V. Steps of Procedure for Oral Hygiene for Helpless or Unconscious Resident

A. Steps beginning procedure

1-5. See steps 1-5 of assist with oral hygiene procedure.

B. Oral hygiene for helpless resident procedure

6. Move the resident to the side of the bed nearest you.

7. Spread towel under resident's chin.

8. Moisten wash cloth over the emesis basin with diluted mouthwash.

9. Resident without teeth: Wrap the wet cloth around your fingers and clean the tongue and inside surfaces of mouth.

Resident with teeth: Wrap the wet cloth securely around a tongue depressor to clean the tongue and inside surfaces of mouth.

10. Moisten toothbrush with diluted mouthwash. Brush gumline and teeth in up-and-down motion on both sides.

11. Wipe lips with a towel.

12. Apply lip balm to the resident's lips.

C. Steps ending procedure

13-16. See steps 17-20 of assist with oral hygiene procedure.

VI. Steps of Procedure for Denture Care

A. Steps beginning procedure

1-5. See steps 1-5 of assist with oral hygiene procedure.

B. Denture care procedure

6. Ask the resident to remove dentures or run your finger along the top of the upper gum as you gently push the upper edge of the denture forward and down. Lower dentures can be removed the same way along the lower gumline; push forward and up.

7. Place dentures in clean denture cup.

8. Provide water or diluted mouthwash to rinse food particles from the mouth.

9. Allow resident to spit into emesis basin or sink.

10. Have resident wipe mouth with towel or tissue.

11. Apply lip balm to lubricate lips.

12. Fill a clean sink 1/2 full of cool water or place a clean washcloth on bottom of sink (may use emesis basin with a paper towel).

13. Brush dentures thoroughly using toothbrush and denture cleanser.

14. Rinse dentures with cool water and place in a clean cup.

15. If resident wants to wear dentures, replace them in mouth (upper plate first).

16. If resident is not going to wear dentures, store in a clean denture cup filled with appropriate solution.

C. Steps ending procedure

17-20. See steps 17-20 of assist with oral hygiene procedure.

VII. Summary and Conclusion

A. Terms and definitions

B. Key points of oral hygiene

C. Key points of denture care

D. Ask interaction items.

E. Review steps of procedures.

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XI: RECOGNIZING CONCEPTS OF THE DIGESTIVE SYSTEM

INTERACTION ITEMS:

1. What is plaque?
2. If plaque is not removed, what will happen?
3. What is the purpose of lip balm?
4. What can you do to make mouthwash more acceptable to the resident?
5. Why do you not give the unconscious resident mouthwash to rinse his/her mouth with?
6. What can the health services assistant do to protect the resident's dentures from breakage when cleaning them?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Show filmstrips.
2. Instructor demonstrates assisting with oral hygiene.
3. Students practice assisting with oral hygiene. Have students brush each other's teeth.
4. Instructor demonstrates providing oral hygiene to the helpless resident.
5. Students practice giving oral hygiene to the helpless resident.
6. Instructor demonstrates giving denture care.
7. Students practice giving denture care.

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XI: RECOGNIZING CONCEPTS OF THE DIGESTIVE SYSTEM

EVALUATION ITEMS:

1. Define the term halitosis.

2. What is plaque?

3. List the four purposes of oral hygiene.

   a.

   b.

   c.

   d.

4. List three observations the health services assistant can make while giving oral hygiene.

   a.

   b.

   c.

For each of the following, write "T" if the statement is true, or "F" if it is false.

_____ 5. Oral hygiene should only be done at h.s.

_____ 6. The unconscious resident needs mouth care every two hours.

_____ 7. Dentures should be cleaned over a sink that is half full of water or with a clean washcloth on the bottom of the sink.

_____ 8. Dentures cannot become warped.

_____ 9. It is not necessary to brush the dentures if they have been soaking in a cleaning solution overnight.

_____10. It is very important that the denture cup is labeled with the owner's name so they can be identified.

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XI: RECOGNIZING CONCEPTS OF THE DIGESTIVE SYSTEM

EVALUATION ITEMS:

NAME OF STUDENT: ____________________

ORAL HYGIENE

EQUIPMENT:

1. Cup or glass
2. Emesis basin
3. Water
4. Toothbrush
5. Hand towel
6. Toothpaste, powder, or denture cleanser
7. Mouthwash

DID THE STUDENT	YES	NO
Assist with Oral Hygiene A. Steps beginning procedure 1. Wash hands.		
2. Arrange necessary equipment for resident.		
3. Identify and greet resident. Identify self.		
4. Explain procedure to resident.		
5. Provide privacy.		
B. Assist with oral hygiene procedure 6. Dilute mouthwash (1/2 mouthwash to 1/2 water).		
7. Assist resident to bathroom or upright sitting position.		
8. Pour water over toothbrush; instruct or assist resident to put a small amount of toothpaste on the toothbrush.		

	YES	NO
9. Instruct or assist resident to brush along gumline, then brush teeth up and down on both sides.		
10. Brush the biting surfaces of the molars with a back-and-forth motion.		
11. Brush the tongue gently. 12. Instruct or assist resident to rinse his/her mouth with water; hold emesis basin under resident's chin with one hand.		
13. Allow resident to spit into emesis basin or sink; wipe lips with towel.		
14. Provide resident with mouthwash (may use a straw); instruct resident to swish around in mouth and spit out, cautioning resident not to swallow.		
15. Allow resident to spit into emesis basin or sink; wipe lips with hand towel.		
16. Lubricate lips with lip balm.		
C. Steps ending procedure 17. Remove, clean, and store equipment.		
18. Wash hands; wash resident's hands.		
19. Make resident comfortable.		
20. Record observations and report anything unusual to charge nurse.		
Oral Hygiene for Helpless or Unconscious Resident A. Steps beginning procedure 1-5. Complete steps 1-5 of assist with oral hygiene procedure.		
B. Oral hygiene for helpless resident procedure 6. Move the resident to the side of the bed toward HSA.		
7. Spread towel under resident's chin.		

	YES	NO
8. Moisten wash cloth over the emesis basin with diluted mouthwash.		
9. Resident without teeth: Wrap the wet cloth around fingers and clean the tongue and inside surfaces of mouth.		
Resident with teeth: Wrap the wet cloth securely around a tongue depressor to clean the tongue and inside surfaces of mouth.		
10. Moisten toothbrush with diluted mouthwash. Brush gumline and teeth in up-and-down motion on both sides.		
11. Wipe lips with a towel.		
12. Apply lip balm to the resident's lips.		
C. Steps ending procedure 13-16. Complete steps 17-20 of assist with oral hygiene procedure.		
Denture Care A. Steps beginning procedure 1-5. Complete steps 1 through 5 of assist with oral hygiene procedure.		
B. Denture care procedure 6. Ask the resident to remove dentures or remove resident's dentures.		
7. Place dentures in clean denture cup.		
8. Provide water or diluted mouthwash to rinse the mouth of food particles.		
9. Allow resident spit into emesis basin or sink.		
10. Have resident wipe mouth with towel or tissue.		
11. Apply lip balm to lubricate lips.		

	YES	NO
12. Fill a clean sink 1/2 full of cool water or place a clean washcloth on bottom of sink (or emesis basin with paper towel).		
13. Brush dentures thoroughly using toothbrush and denture cleanser.		
14. Rinse dentures with cool water and place in a clean cup.		
15. If resident wants to wear dentures, replace them in mouth (upper plate first).		
16. If resident is not going to wear dentures, store in a clean denture cup filled with appropriate solution.		
C. Steps ending procedure 17-20. Complete steps 17-20 of assist with oral hygiene procedure.		

The student has satisfactorily completed the procedure "ORAL HYGIENE" according to the steps outlined.

Instructor's/Charge Personnel's Signature
(Verifying Satisfactory Completion)

Date

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LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XI: RECOGNIZING CONCEPTS OF THE DIGESTIVE SYSTEM

ANSWERS TO EVALUATION ITEMS:

1. Halitosis - bad breath
2. Plaque - sticky, transparent bacterial film found on the teeth
3. a. Prevent infection in the mouth
    b. Remove food particles and plaque
    c. Stimulate circulation of gums
    d. Eliminate bad taste in mouth
4. The student may list any three of the following:
    a. Tooth decay (blackened), any loose or broken teeth
    b. Red or swollen gums
    c. Sores or white patches in the mouth or on the tongue
    d. Changes in eating habits
    e. Ill-fitting dentures
5. F
6. T
7. T
8. F
9. F
10. T

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XII : RECOGNIZING CONCEPTS OF NUTRITION

SCOPE OF UNIT:

In this unit, concepts of nutrition will be covered. The basic four food groups, special and substitute diets are identified. Strategies for forcing fluids, preparing residents for a meal and feeding techniques are skills learned. Measurement and recording of food and fluid intake and output is performed.

INFORMATION TOPIC: XII-1 OR DEMONSTRATION:

DIGESTIVE SYSTEM - NUTRITION
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. List the two phases of intermediary metabolism.
2. State how energy is measured.
3. State the formulas for determining caloric needs of men and women.
4. Recognize examples of foods from the basic food groups.
5. Identify six nutrients and give a food example of each.
6. Recognize correct statements about well-balanced diets, the four basic diets, special diets and substitution diets.
7. List strategies for forcing fluids.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: General Nutrition
2. HO 2: Normal Diet
3. Basic Food Charts
4. Film - "Human Body: The Nutrition and Metabolism" (Missouri Division of Health)
5. Film - "Food, Energy, and You" (Dairy Council)

6. Film - "Food, the Color of Life" (Dairy Council)

7. Film - "What's Good to Eat" (Dairy Council)

8. Film - "The Basic Four" (Tupperware series)

INFORMATIONAL ASSIGNMENT:

Rosdahl, Caroline Bunker. Basic Nursing. 4th ed. Philadelphia: J.B. Lippincott, 1985.

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Bowie, MD: The Robert J. Brady Publishing Co., 1986.

REFERENCES:

Memmler, Ruth L. and Dena L. Wood. Structure and Function of the Human Body. Philadelphia: J.B. Lippincott Co., 1977.

Schwartz, Estelle and Lillian Potter. Foundations of Patient Care. Philadelphia: J.B. Lippincott Co., 1981.

Thomas, Virginia. Life Sciences for Nursing and Health Technologies. 2nd ed. Huntington Beach, CA: Technicourse, Inc., 1974.

INTRODUCTION:

Food is very important to all of us. We are what we eat! Nutrition means the process by which the body uses food to provide energy, build and repair body tissues, and regulate the body processes. It is important that we understand the essentials of nutrition in order to provide our patients with the best possible care.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XII: RECOGNIZING CONCEPTS OF NUTRITION

OUTLINE: (Key Points)

I. Types of Metabolism (II-1)
   A. Intermediary metabolism
      1. Anabolism - converts simpler compounds into living, organized substance
      2. Catabolism - converts living, organized substance into a simpler compound, which releases energy for its use
   B. Energy metabolism
      1. Involuntary (basal metabolism)
      2. Voluntary
      3. Measurement (calorie) (II-2)
         a. Caloric need depends on age, gender, activity
         b. Formulas (II-3)
            (1) Males - 20 calories per one pound of body weight
            (2) Females - 17 calories per one pound of body weight

II. Basic Food Groups (II-4)
   A. Meat, poultry, fish, and eggs
   B. Milk, milk products, and cheese
   C. Cereals and cereal products
   D. Fruits and vegetables

III. Nutrients (HO 1) (II-5)
   A. Carbohydrates
      1. Source - sugar and starch
      2. Function - source of energy (calories)

B. Fats

  1. Source - all animal fat, marbling in meat, fat in egg yolk

  2. Function - concentrated source of calories

C. Proteins

  1. Source - animal products, i.e., eggs, milk, meat, fish, poultry; also grains and legumes

  2. Function - to make muscles, repair tissue, build blood, make antibodies

D. Minerals

  1. Source - calcium in milk

  2. Function - regulate body processes

E. Water - will be discussed later in this unit

F. Vitamins

  1. Sources - vitamins A and D in milk; vitamin C in citrus fruits

  2. Function - proper breakdown and use of nutrients

IV. Well-Balanced Diet (II-6)

A. Food from each group

B. Variety

C. Adequate amount to give required calories

V. Basic Diets (II-7)

A. Clear liquid - surgical liquid

  1. Minimal residue

  2. Consists mainly of dissolved sugar and flavored fluids

  3. No milk

  4. Not nutritionally adequate, so should be short-term

B. Full liquid

  1. Strained semiliquid food

  2. Any liquids

C. Soft (mechanical)

  1. Same as regular but chopped, strained, or pureed
  2. Easily chewed and digested
  3. Contains little fiber

D. General or regular (HO 2)

  1. Contains all items in four food groups
  2. No restrictions

VI. Special Diets

A. Restricted calories

  1. For persons with diabetes
  2. Calories specially calculated and restricted
  3. Balance of carbohydrates, proteins, and fats
  4. Food intake matched with insulin and nutritional requirements

B. Bland

  1. No highly-seasoned foods
  2. Eliminates certain foods such as fried, high residue, and gas-forming foods
  3. Easy to digest

C. Restricted sodium

  1. No salt on tray
  2. Limited amount of foods containing sodium

D. Low fat

E. Low residue

  1. Low in bulk
  2. No foods difficult to digest

F. Low cholesterol

VII. Substitutes for Diets (II-8)

- A. Liquid diets
  - 1. Ensure
  - 2. Sustagen
- B. IV therapy
- C. Tube feeding

VIII. Fluids (II-9)

- A. Importance
  - 1. Essential to life
  - 2. 60% of body weight is fluid
  - 3. Vital to all body functions
  - 4. Electrolyte balance
  - 5. Illness may upset water balance.
- B. Force fluids (II-10)
  - 1. Means taking in more than usual number of drinks
  - 2. Elderly may take less because:
    - a. Fluid not readily available or placed within reach (HO 3)
    - b. Afraid of dribbling urine
    - c. Afraid of having to go to bathroom at night
    - d. Difficulty holding a glass, pouring liquid from pitcher, etc.
- C. Strategies for forcing fluids (II-11)
  - 1. Place fluids within reach.
  - 2. Offer small amounts frequently.
  - 3. Offer a variety of fluids.
  - 4. Encourage foods with high fluid content (pudding, watermelon).
  - 5. Offer favorite beverages.

6. Offer fluids at frequent intervals when resident is unable to obtain fluids for himself/herself.

7. If goal has been set, assist resident to reach it during time set.

8. Explain that dribbling sometimes results from concentrated urine, infections, or irritation. Therefore, more fluids are needed.

9. Check resident during night and assist to bathroom as needed; provide night light.

10. Involve the patient in keeping the record.

IX. Summary and Conclusion

A. Types of metabolism

B. Basic food groups

C. Nutrients

D. Well-balanced diet

E. Basic diets

F. Special diets

G. Substitutes for diets

H. Fluids

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XII : RECOGNIZING CONCEPTS OF NUTRITION

INTERACTION ITEMS:

1. What is metabolism?
2. What is a calorie?
3. How do we arrive at a caloric intake figure necessary to maintain normal body weight in men? women?
4. What are examples of basic food groups?
5. What are six nutrients and what are examples of each?
6. What constitutes a well-balanced diet?
7. What are the four basic diets?
8. What is one substitute for a diet?
9. How important is fluid intake? Why?
10. How do you force fluids?
11. What are at least two strategies for forcing fluids?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Invite a dietitian to speak to the class.
2. Assign various nutritional problems for reports.
3. Have students keep a record of their food consumption for three days. Analyze nutritional and caloric values in terms of balanced diet and proper caloric intake for student.
4. Obtain charts of fast foods and amount of calories. Have students analyze what they eat and the amount of calories ingested.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XII : RECOGNIZING CONCEPTS OF NUTRITION

EVALUATION ITEMS:

1. The two phases of intermediary metabolism are

   a.

   b.

2. Energy is measured by units called ______________.

3. What is the formula men's caloric needs are computed by? ______________.

4. What is the formula for computing women's caloric needs? ______________.

5. Of the food examples listed below, identify the food group to which it belongs.

   a. Fish

   b. Cheese

   c. Apple

   d. Oatmeal

6. List the six nutrients and give a food example of each.

   a.

   b.

   c.

   d.

   e.

   f.

For each of the following, write "T" if the statement is true or "F" if it is false.

____ 7. A well-balanced diet contains food from each of the basic food groups.

____ 8. On a clear liquid diet, the resident may have milk.

____ 9. On a general diet, the resident may have milk.

____10. The soft diet is easily digested and chewed.

____11. On a bland diet, the food is highly seasoned.

____12. Salt is necessary on a low sodium diet.

____13. Calories must be carefully calculated for a diabetic diet.

____14. Water is vital to all body functions.

____15. Forcing fluids is making sure the resident takes more fluids than he or she usually drinks.

____16. The resident who is unable to eat can be given tube feedings as a substitute for diet.

17. List three strategies for forcing fluids.

a.

b.

c.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XII : RECOGNIZING CONCEPTS OF NUTRITION

ANSWERS TO EVALUATION ITEMS:

1. a. Anabolism
   b. Catabolism

2. Calories

3. 20 calories/1 lb. body weight

4. 17 calories/1 lb. body weight

5. a. Meat
   b. Milk
   c. Vegetable and/or fruit
   d. Bread

6. (Examples may vary.)
   a. Minerals - example is calcium in milk
   b. Vitamins - example is vitamin C in citrus fruit
   c. Proteins - examples are eggs, meat, milk, poultry
   d. Carbohydrates - examples are starch and sugar
   e. Fats - examples are all animal foods
   f. Water

7. T
8. F
9. T
10. T
11. F
12. F
13. T
14. T
15. T
16. T

17. The student may list any three of the following:
    a. Place fluids within reach.
    b. Offer small amounts frequently.
    c. Offer variety of fluids.
    d. Encourage foods with high fluid content.
    e. Offer favorite beverages.
    f. Offer fluids at frequent intervals when resident is unable to obtain fluids by himself/herself.
    g. If goal has been set, assist resident to reach it during time set.
    h. Explain causes of dribbling and why it indicates more fluids are needed.
    i. Check resident during night and assist to bathroom as needed; provide night light.

GENERAL NUTRITION

The body depends on food for energy, growth, repair of tissue, and the maintenence and regulation of many functions. Each nutrient furnished by food has a specific contribution to good health. The use of any one nutrient by the body is dependent on a proper balance of all the other nutrients to accomplish its purpose. The more variety there is in the choice of food, the better the diet is likely to be.

Energy needs must be met to maintain a healthy body. Food energy values and allowances are expressed in Kilo-Calories and will be referred to as calories throughout this manual. The energy allowance for each population and age group varies. The average needs of people in each category is expressed in the Recommended Dietary Allowance (RDA) Table.

It is important to maintain desirable body weight throughout life and this is done through a balance between energy intake and energy output. A large number of individuals in the United States are overweight and may require less energy than is recommended because they have sedentary work and leisure patterns. Energy intake should be adjusted for the individual to maintain desirable body weight in relation to age, sex, height and physical activity.

Energy may be derived from any reasonable combination of carbohydrate, fat and protein. An additional source of energy is alcohol.

Carbohydrate

Carbohydrate is the main source of energy in the diet. A reasonable proportion, 45-55 percent, of a person's caloric intake should be derived from carbohydrates. Foods such as fruits, vegetables and whole-grain cereals provide energy mainly from carbohydrate and are generally good sources of other nutrients, such as vitamins and minerals. The principal carbohydrates are sugars, starches and cellulose. The sugars include the monosaccharides and disaccharides in refined sugars, jams, jellies, syrups, honey, fruits, soft drinks and milk. The starches are the polysaccharides of cereals, flour, potatoes, and other vegetables. Dietary fiber is generally defined as the sum of the indigestible carbohydrate and carbohydrate-like components of food, including cellulose, lignin, hemicelluloses and pectins.

Fat

Another source of energy in the diet is fat. Dietary fat also serves as a carrier for fat-soluble vitamins and provides essential fatty acids. Total fat intake should comprise no more than 35 percent of dietary energy. Food sources of fat include butter, margarine, oils, lard and fat in meat, poultry, fish, and dairy products. Essential fatty acids, the primary one being linoleic acid, must be provided in the diet because of the multiple functions they perform. Linoleic acid is found widely in varying amounts in foods of both plant and animal origin.

Protein

Another important component in the diet is protein. Protein foods can be used as an energy source but more importantly, food proteins provide amino acids for the synthesis of body proteins and for the synthesis of many other tissue constituents. Amino acids obtained from food proteins are essential for growth. Nine essential amino acids are not synthesized by the body and therefore must be provided by foods in the diet. Animal products--eggs, milk, meat, fish and poultry--contain all of the essential amino acids in the correct proportion. Grains and legumes also furnish protein but are low in some essential amino acids.

Vitamins and Minerals

Vitamins and minerals serve many functions. Vitamins are a group of organic compounds in foods that are needed in minute quantities, and are essential for specific body functions of maintenance, growth and reproduction. Vitamins are classified as either fat soluble or water soluble. Minerals are subdivided into two categories: 1) macro-nutrients--those occuring in appreciable amounts accounting for most of the body content of minerals such as calcium--and, 2) micronutrients or trace elements--those present in minute quantities, such as iodine or iron. Mineral elements are components of the body's structure or constituents of enzymes and hormones. They serve as regulators of body fluids and are involved with other body functions.

Fiber

A normal, healthy diet should contain 20-25 grams of dietary fiber. Dietary fiber is generally defined as the sum of the digestible carbohydrate and carbohydrate-like components or food including cellulose, lignin, hemicelluloses, pentosans, gums, and pectins. These nondigestible substances provide bulk in the diet and aid elimination. (See Appendix)

Water

Water is an essential part of the diet for it plays a role in practically all body processes, and is the most abundant body constituent. The body is equipped with a number of homeostatic mechanisms, including the sensation of thirst, that operate to maintain total body water within narrow limits. Water is present in practically all foods.

Food groupings have been made and general guidelines established which recommend the appropriate number of servings from each of the food groups, so that an adequate amount of minerals and vitamins are provided in the daily diet. The elimination of one food group might appreciably reduce the intake of one or more of the minerals and vitamins.

The manner in which foods are selected, prepared, and served affects their contribution to the diet. Care must be taken to select a variety of foods, prepare them in a manner to preserve their nutrient content, prevent food spoilage or contamination, and serve them attractively.

Source: Missouri Diet Manual, 6th Edition, Missouri Department of Health and Missouri Department of Social Services - Division of Aging

DIET FOR ADULTS

PURPOSE

To provide a nutritionally adequate diet for persons 19 to 65 years of age, offering a variety of foods for persons who require no dietary modification.

NUTRITIONAL ADEQUACY

This diet meets the Recommended Dietary Allowances when the types and amounts of foods suggested are included every day. The recommended amount of iron will not be met for certain age groups unless iron-rich foods are served frequently. At lower calorie levels, the Recommended Dietary Allowances for thiamin will not be met for certain age groups.

DIET PRINCIPLES

This diet should include at least the minimum number of servings from the basic food groups. Foods not specified, such as those in the "Other" and "Miscellaneous" categories, may be used in moderation to satisfy the need for additional calories.

FOOD GROUPS	RECOMMENDED	NOT RECOMMENDED
Meat & Meat Alternates	2 or more servings. One serving should be meat, fish or poultry. The other serving may be eggs, cheese, dried beans, dried peas, peanut butter or meat, fish, or poultry. Prepared any way.	
Milk & Milk Products	2 or more cups. May be whole, 2% skim or evaporated milk; or buttermilk. May be used as a beverage or in cooking. Also includes yogurt, cheese and cheese products. Nonfat dry milk may be used in cooking.	
Bread & Cereal	4 or more servings. All kinds. Whole grain or enriched. Also includes macaroni, noodles, spaghetti, rice.	
Fruits & Vegetables	4 or more servings total.	
Vitamin C Source	1 serving.	
Dark Green or Orange	1 serving.	
All Others	2 or more servings. Includes potatoes and all other fruits and vegetables.	
Fats & Oils	2 or more servings. All kinds.	
Other	Moderate amounts, not to exceed caloric requirement. Includes dessert items such as cake, cobbler, cookies, gelatin, pies, sherbet and snack items such as potato chips.	

FOOD GROUPS	RECOMMENDED	NOT RECOMMENDED
Beverages & Fluids	As desired. Carbonated beverages, coffee, coffee substitutes, decaffeinated coffee, fruitades, tea, broth.	
Miscellaneous	As desired. Condiments (all kinds), catsup, coconut, garlic, mint, mustard, olives, parsley, pickles, sauces (cream sauce, gravy, meat sauces), spices (all kinds), vinegar.	

SAMPLE MEAL PLAN

BREAKFAST	LUNCH OR SUPPER	DINNER
Citrus Fruit or Juice, 1/2 cup	Soup or Juice, 1/2 cup	Meat, Poultry or Fish, 3.oz
Cereal, 3/4 cup	Meat or Meat alternate, 2 oz	Potato or Substitute, 1/2 cup
Toast, 2 slices	Vegetable, 1/2 cup	Vegetable, 1/2 cup
Margarine, 1 tsp.	Salad, 1/2 cup	Salad, 1/2 cup
Jelly, 1 tbsp.	Salad Dressing, 1 tbsp.	Salad Dressing, 1 tbsp.
Sugar, 1 tsp.	Bread, 1 slice	Bread, 1 slice
Jelly, 1 tbsp.	Margarine, 1 tsp	Margarine, 1 tsp
2% Milk, 1 cup	Fruit or Dessert, 1/2 cup	Fruit or Dessert, 1/2 cup
Beverage	2% Milk, 1 cup	Sugar, 1 tsp.
		Beverage

The diet as listed in the Sample Meal Plan contains approximately:

Protein	89 grams(20%)	Carbohydrate	230 grams(52%)
Fat	54 grams(28%)	Calories	1746

The plan can be adjusted to meet the caloric need variations of the individual.

To provide a more accurate determination of the nutritional adequacy, a sample meal plan for each diet except infants was analyzed by the Nutrichat Computer program developed by the University of Missouri College of Home Economics.

The regular diet that follows was the basis for the modified diets and is presented along with a portion of the computer analysis, as an example of how the analysis was performed.

SAMPLE REGULAR DIET

BREAKFAST	LUNCH OR SUPPER	DINNER
Orange Juice, 1/2 cup	Tomato Soup, 1/2 cup	Pot Roast of Beef, 3 oz
Oatmeal, 3/4 cup	Roast Turkey, 2 oz	Boiled Potatoes, 1/2 cup
Whole Wheat Toast, 2 slices	Green Beans, 1/2 cup	Carrots, 1/2 cup
Margarine, 2 tsp.	Lettuce Salad, 3.5 oz	Coleslaw, 1/2 cup
Jelly, 1 tbsp.	French Dressing, 1 tbsp.	Brown and Serve Roll, 1
Sugar, 1 tsp.	White Bread, 1 slice	Margarine, 1 tsp.
2% Milk, 1 cup	Margarine, 1 tsp.	Angel Food Cake, 1 slice
Coffee, 1 cup	Fruit Cocktail, 1/2 cup	Sugar, 1 tsp.
	2% Milk, 1 cup	Coffee, 1 cup

NUTRIENT INTAKE ANALYSIS -- BY MEAL

Meal	Calories	Protein (g)	Vit. A (IU)	Vit. C (mg)	Calcium (mg)	Iron (mg)
Breakfast	567	18.4	1082	62	402	3.1
Lunch	559	33.5	2728	35	421	5.7
Dinner	621	37.8	11619	36	88	6.5
Snacks	0	0.0	0	0	0	0.0
24 Hour Total:	1747	89.7	15429	133	910	15.3

NUTRIENT	RDA	TOTAL CONSUMED (24-Hour)	% RDA
Calories	2700.0	1746.80	65 %
Protein, (g)	56.0	89.66	160 %
Total Fat, (g)		54.46	
Carbohydrate, (g)		230.28	
Fiber, (g)		4.78	
Vitamin A, IU	5000.0	15428.64	309 %
Vitamin C, (mg)	60.0	132.52	221 %
Vitamin D, (ug)	5.0	5.00	100 %
Thiamin, (mg)	1.4	1.12	80 %
Niacin, (mg) N.E.	18.0	25.66	143 %
Riboflavin, (mg)	1.6	1.63	102 %
Calcium, (mg)	800.0	910.33	114 %
Iron, (mg)	10.0	15.29	153 %
Magnesium, (mg)	350.0	207.00	59 %
Phosphorus, (mg)	800.0	1246.38	156 %
Potassium, (mg)		3256.77	
Sodium, (mg)		2651.40	

Caloric Contribution From Proteins, Fats & Carbohydrates		Suggested Intake For Balanced Diet
Proteins	20%	10% - 15%
Fats	28%	25% - 35%
Carbohydrates	52%	55% - 60%

Source: Missouri Diet Manual, 6th Edition, Missouri Department of Health and Missouri Department of Social Services - Division of Aging

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XII : RECOGNIZING CONCEPTS OF NUTRITION

SCOPE OF UNIT:

In this unit, concepts of nutrition will be covered. The basic four food groups, special and substitute diets are identified. Strategies for forcing fluids, preparing residents for a meal and feeding techniques are skills learned. Measurement and recording of food and fluid intake and output is performed.

INFORMATION TOPIC: XII-2 OR DEMONSTRATION:

SERVING, FEEDING, AND MONITORING
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Discuss three considerations involved with preparing residents for mealtime.
2. Explain how to prepare and serve food trays.
3. Recognize key points in assisting the resident to eat.
4. Identify key points in feeding a resident.
5. List and explain three considerations of after meal care.
6. Identify key points in meeting nutritional needs of residents with special eating problems.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Adaptive Equipment
2. HO 2: Food Tray for the Blind Resident
3. HO 3: Nasogastric Tube
4. Trainex filmstrip: "Feeding the Patient"

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 251-256.

REFERENCES:

Lewis, Lu Verne Wolff. Fundamental Skills in Patient Care. Philadelphia: J.B. Lippincott Co., 1976. pp. 192-211.

McClelland, Sharon and Geraldine Kaspar. A Clinical Manual for Nursing Assistants. Monterey, CA: Wadsworth Health Sciences Division, 1985, p. 154.

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 251-256.

INTRODUCTION:

Have you ever thought about everything you must do to get ready for a meal? We usually go to the bathroom, wash hands, straighten our clothes, clear the dining area of unpleasant sights and smells, and do various other things to make mealtime a pleasant time. Our geriatric residents would like to have the same consideration when mealtime approaches. In this lesson, we will be talking about serving, feeding, and monitoring the resident in ways that will make mealtime a pleasant and happy experience so that he or she will be more inclined to eat properly.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XII : RECOGNIZING CONCEPTS OF NUTRITION

OUTLINE: (Key Points)

I. Considerations Involved in Preparing a Resident for Mealtime (II-1)

- A. Offer bedpan or urinal, assist to bathroom, or remind resident to go to the bathroom.
- B. Wash resident's hands or remind to wash hands.
- C. Make sure dentures, glasses, hearing aid are cleaned and are properly in place.
- D. Assist resident to dining room, if tolerated.
    - 1. Assist to chair and position at table.
    - 2. Protect clothing with napkin or towel--do not refer to it as a "bib."
    - 3. Cover unsightly medical appliances, such as urinary catheter bags.
- E. If resident is unable to go to the dining room, assist to chair, if tolerated.
    - 1. Position resident comfortably with overbed table in convenient position.
    - 2. Protect clothing with napkin or towel.
- F. If resident is unable to get out of bed
    - 1. Elevate head of bed and position resident in as near a sitting position as possible with overbed table in convenient position.
    - 2. Protect clothing with napkin or towel.
- G. Prepare the surroundings of the resident.
    - 1. Put away unsightly equipment.
    - 2. Remove smells of recent BM by airing room. Odors that remain indicate a cleaning problem.
    - 3. Place fresh glass of water within reach at all times.

    4. Straighten linens.

H. Provide privacy for residents who have unpleasant eating habits.

II. Preparing and Serving Food Trays

A. Check name (and room number) to make sure resident gets correct tray.

B. Check tray to make sure everything is on it according to posted menu.

C. If resident cannot eat when tray is served, take it away and keep it warm.

D. Serve trays promptly so food temperature is maintained.

E. Serve one tray at a time to avoid contamination of second tray in another resident's room.

F. Carry tray at waist level; not on shoulder next to hair.

G. See that each resident who should have a tray receives one. If a resident does not have a tray upon completion of tray pass, notify charge nurse.

H. See that the general appearance of the tray is orderly and tidy.

I. Trays must be served and residents fed promptly upon delivery of tray. (II-2, 3)

III. Assisting the Resident to Eat

A. Place the tray on the table with main dish closest to the resident.

B. Arrange everything so the resident can reach it.

C. Remove food covers and put them to one side or return them to the kitchen.

NOTE: Do not place covers on floor or utility carts.

D. Open milk cartons, cereal boxes and anything else that may be difficult for the resident to manage if he/she requires or requests help.

E. Help resident with cutting food, buttering bread, pouring liquids, etc.

F. Provide a straw for the resident who is unable to use a cup.

G. Encourage residents to do as much for themselves as possible.

H. Use adaptive equipment as necessary for the resident to be able to eat on his/her own. (HO 1)

1. Built-up utensils
2. Plate guards
3. Band to hold utensils
4. Drinking cup
5. Knifork
6. Swivel spoon or fork
7. Extended handles
8. Pencil clip for straw

I. Stay with resident until you are certain he or she can manage independently. (II-4)

J. Note and record amount of food eaten; report change of appetite to food supervisor and charge nurse.

K. Note foods resident is not eating and report findings to food supervisor and charge nurse.

L. Report the foods not eaten by a diabetic resident to the charge nurse. (II-5)

IV. Feeding a Resident

A. Place tray so resident can see food.

B. Protect resident and bed linens with towel or napkin.

C. Health services assistant should be in sitting position while feeding the resident.

NOTE: It is permissible to sit beside the resident when feeding him/her.

D. Avoid resident being rushed or hurried.

E. Describe the meal if resident is unable to see it.

F. Use a straw for giving liquids.

G. Encourage resident activity--have him/her hold bread, grasp glass, etc.

H. Fill spoon half full to avoid spilling and to give manageable amounts of food.

I. Serve food in order of resident's preference (provide a substitute if a particular food is not accepted).

J. Offer liquids and solids alternately to provide moisture for chewing.

K. Give resident sufficient time to chew and swallow food thoroughly, as well as time to breathe between bites.

L. Season food as resident wishes unless there are special diet restrictions.

M. Tell the resident what each bite is as offered.

N. Warn residents when offering something hot.

O. Keep conversation friendly and discuss pleasant subjects.

P. Wipe mouth as needed and when finished.

V. After-Meal Care (II-6)

A. Take tray away when resident is finished eating. Report comments regarding food to food service supervisor.

B. Do not leave dirty dishes in front of resident.

C. Make sure resident's clothing is clean, change if soiled by spilled food.

D. Assist resident from dining room to his/her room.

1. Wash face and hands.
2. Assist with or remind of mouth care.
3. Encourage participation in an activity.

E. Assist resident back to bed from chair in room.

1. Wash face and hands.
2. Assist or give mouth care.
3. Make comfortable and place signal light within reach.

F. Lower backrest if resident is in bed.

1. Wash face and hands.
2. Assist or give mouth care.
3. Position comfortably and place signal light within reach.

807

G. Put personal articles where resident can reach them.

H. Note how much and what the resident eats. Any changes in eating habits can signal changes in physical condition--report to charge nurse.

I. Report to charge nurse how resident ate.

J. Wash your hands.

VI. Residents with Special Eating Problems

A. Resident with paralysis or weakness of muscles used for eating

1. Resident should be sitting in upright position to aid swallowing; gag and cough reflexes may be absent, making it easier for resident to choke.

2. Feed into side of mouth that is not paralyzed.

3. Remind resident to think about swallowing.

4. Give small amounts of food and allow the resident plenty of time to chew.

5. Clean out paralyzed side of mouth frequently with a swab or damp washcloth.

B. Blind resident

1. Identify everything on the tray.

2. Identify placement of food on tray by comparing to positions of the hour hand on a clock; i.e., milk at 2:00, meat at 6:00, etc. Placement should be the same at each meal. (HO 2)

3. Warn resident which liquids are hot.

4. Tell resident where utensils are.

C. Comatose, unconscious, or unresponsive resident

1. Do not give oral liquids or food.

2. Resident will often receive nutrition by another method, i.e., tube feeding.

3. Nasogastric tube feeding for long-term nutrition performed by the nurse; note the following: (HO 3)

a. Keep head of bed elevated approx. 30° to prevent regurgitation (return of solids or fluids to the mouth from the stomach).

b. Resident needs frequent mouth care (q. 2 hrs.).

c. Keep nostrils clean.

d. Inform nurse if tape becomes loose.

D. Resident in isolation

1. Follow facility's isolation procedure. If you don't know, ask.

2. Paper dishes are usually used.

3. If metal or china utensils are to be used, check with charge nurse about how they are to be handled.

4. Special instruction in isolation techniques shall be given to the nurse assistant by an RN when this becomes necessary in a LTC facility.

VII. Summary and Conclusion

A. Considerations involved in preparing a resident for mealtime

B. Preparing and serving food trays

C. Assisting the resident to eat

D. Feeding a resident

E. After-meal care

F. Residents with special eating problems

Mealtime is very important for the long-term care resident. For many, it is the highlight of his/her day, it is something that he or she looks forward to. Make it an enjoyable and pleasant experience. See that the tray is served in as attractive and sanitary a manner as possible. Keep in mind all of the things that need to be done for each resident before and after a meal.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XII : RECOGNIZING CONCEPTS OF NUTRITION

INTERACTION ITEMS:

1. Can you name at least one thing that must be done for the resident before mealtime?

2. How would your appetite be if your toast was wet from spilled coffee or the gravy was running into the applesauce?

3. How would you feel if the aide put the tray down in front of you and walked off without a smile or a hello?

4. What can you do to encourage self-help in eating?

5. Why is it significant to note what a diabetic resident has not eaten?

6. What are some of the things you should do after the resident has finished eating?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Show filmstrip.

2. Have students role-play serving trays to one another and feeding each other.

3. Practice using special adaptive devices designed to help a resident eat.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XII : RECOGNIZING CONCEPTS OF NUTRITION

EVALUATION ITEMS:

1. List three considerations in preparing the resident for a meal.

   a.

   b.

   c.

2. What are three things you will do after a resident has finished a meal?

   a.

   b.

   c.

For each of the following, write "T" if the statement is true, or "F" if it is false.

____ 3. The head of the bed should be elevated if the resident remains in bed to eat.

____ 4. Several trays may be served at one time to save time and energy.

____ 5. The tray should be placed so the main dish is closest to the resident.

____ 6. The nurse assistant should sit while feeding a resident if at all possible.

____ 7. Resident self-help activity should be encouraged.

____ 8. The fork or spoon should be filled completely full when giving the resident a mouthful of food.

____ 9. All solids should be given first, then the liquids.

____ 10. Food for residents on regular diets should be seasoned as the resident wishes.

____ 11. No conversation should take place during the meal.

____ 12. The tray should be taken away as soon as the resident finishes eating.

____ 13. When the meal is finished personal articles should be placed where the resident can reach them.

____ 14. Foods not eaten should be noted and reported.

____ 15. The resident should be fed as fast as possible.

____ 16. Food should be served in order of resident's preference.

____ 17. A paralyzed resident should be fed into the paralyzed side of the mouth.

____ 18. Identify where everything is on the tray of a blind resident.

____ 19. Regular dishes are always used for the resident in isolation.

20. Describe how you could tell the blind resident where his/her food is located.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XII : RECOGNIZING CONCEPTS OF NUTRITION

ANSWERS TO EVALUATION ITEMS:

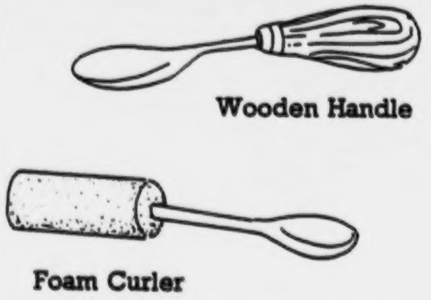
1. The student may list any three of the following:
    a. Offer bedpan or urinal, assist to bathroom, or remind resident to go to the bathroom.
    b. Wash resident's hands or remind to wash hands.
    c. Make sure dentures, glasses, hearing aid are cleaned and are properly in place.
    d. Assist to dining room, if tolerated.
        1. Assist to chair and position at table.
        2. Protect clothing with napkin or towel—do not refer to it as a "bib."
        3. Cover unsightly medical appliances, such as urinary catheter bags.
    e. If resident is unable to go to the dining room, assist to chair, if tolerated.
        1. Position resident comfortably with overbed table in convenient position.
        2. Protect clothing with napkin or towel.
    f. If resident is unable to get out of bed
        1. Elevate head of bed and position resident in as near a sitting position as possible with overbed table in convenient position.
        2. Protect clothing with napkin or towel.
    g. Prepare the surroundings of the resident.
        1. Put away unsightly equipment.
        2. Remove smells of recent BM by airing room. Odors that remain indicate a cleaning problem.
        3. Place fresh glass of water within reach.
        4. Straighten linens.
    h. Notify charge nurse if resident appears to be in pain or complains of pain.
    i. Avoid giving treatments immediately before and after meals.
    j. Provide privacy for residents who have unpleasant eating habits.
2. The student may list any three of the following:
    a. Take tray away when resident is finished eating. Report comments regarding food to food service supervisor.
    b. Do not leave dirty dishes in front of resident.
    c. Make sure resident's clothing is clean; change if soiled by spilled food.
    d. Assist resident from dining room to his/her room.
        1. Wash face and hands.
        2. Assist with or remind of mouth care.
        3. Encourage to participate in activity.
    e. Assist resident back to bed from chair in room.
        1. Wash face and hands.
        2. Assist or give mouth care.
        3. Make comfortable and place signal light within reach.

f. Lower backrest if resident is in bed.
    1. Wash face and hands.
    2. Assist or give mouth care.
    3. Position comfortably and place signal light within reach.
g. Put personal articles where resident can reach them.
h. Note how much and what the resident eats. Any changes in eating habits can signal changes in physical condition—report to charge nurse.
i. Report to charge nurse how resident ate.
j. Wash your hands.

3. T
4. F
5. T
6. T
7. T
8. F
9. F
10. T
11. F
12. T
13. T
14. T
15. F
16. T
17. F
18. T
19. F
20. When feeding the blind resident you should first identify every item on the tray. Inform the resident of the placement of food on the tray by comparing each item to a position of the hour hand on a clock. Placement should be the same at each meal.

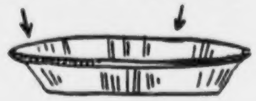
Adaptive Equipment

Built-up Handles

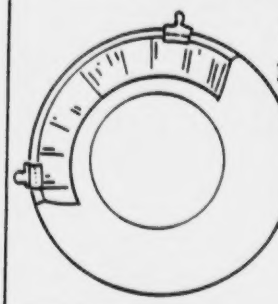


Rim on Plate

One-third section of disposable pie tin.

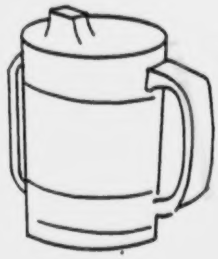


Attach to plate by paper clamps.

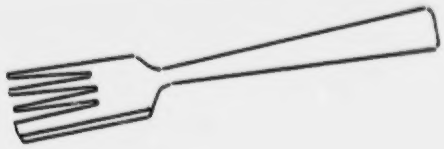


Spilling food is prevented. The rim provides a surface to assist in filling the fork or spoon.

Drinking Cup

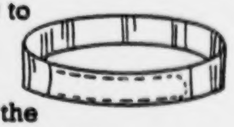


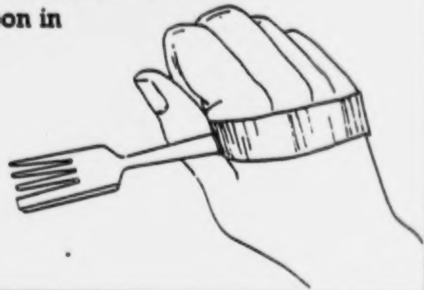
Cutter Fork (Knifork)



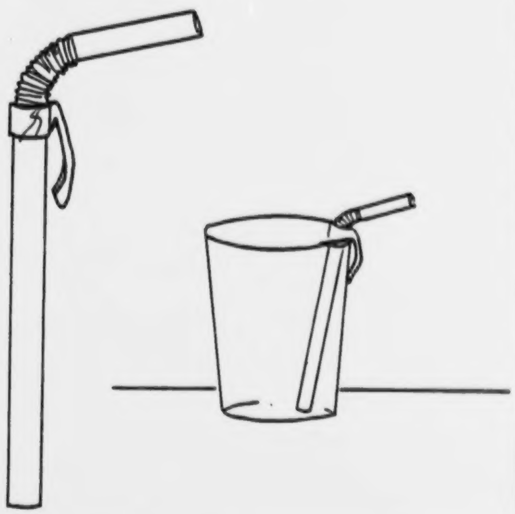
Elastic Holder

Measure 3/4 inch elastic to fit snugly around the hand. Stitch a 3 inch section of soft leather to the elastic - - making a snug pocket. Leave one end open. Insert fork or spoon in open end.

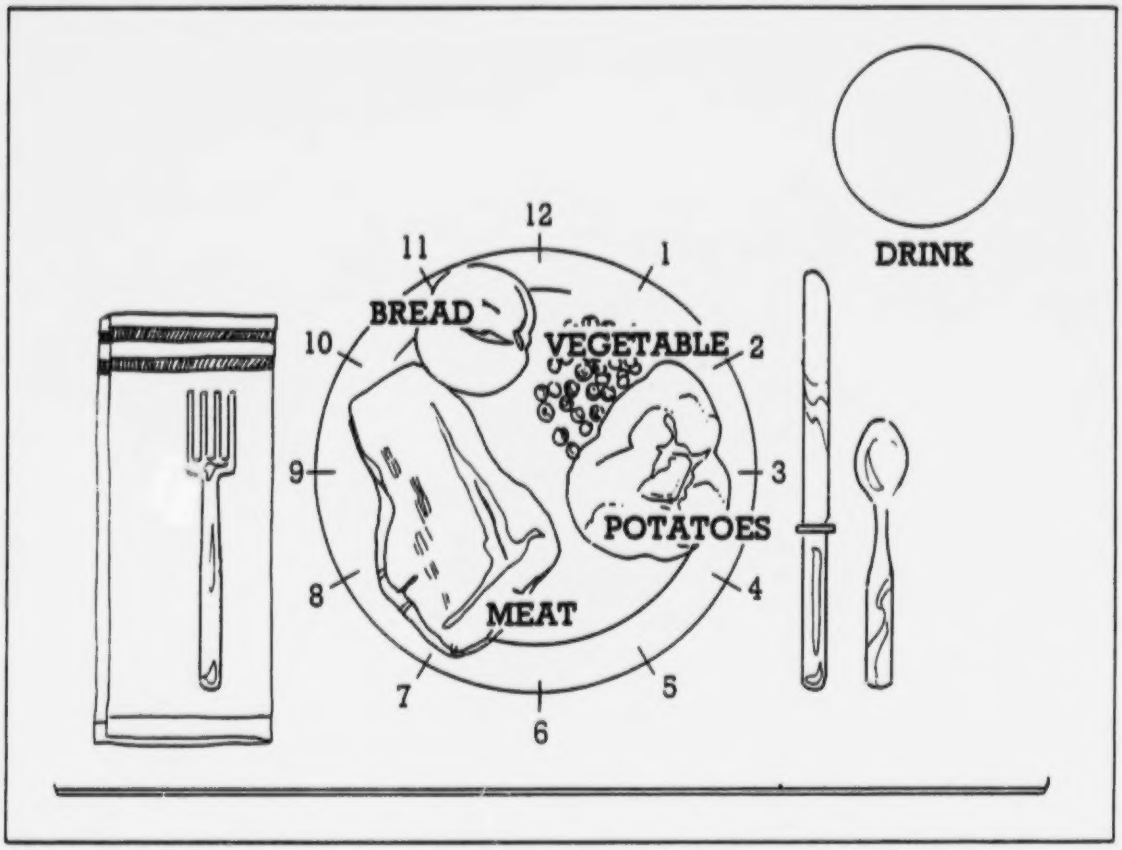


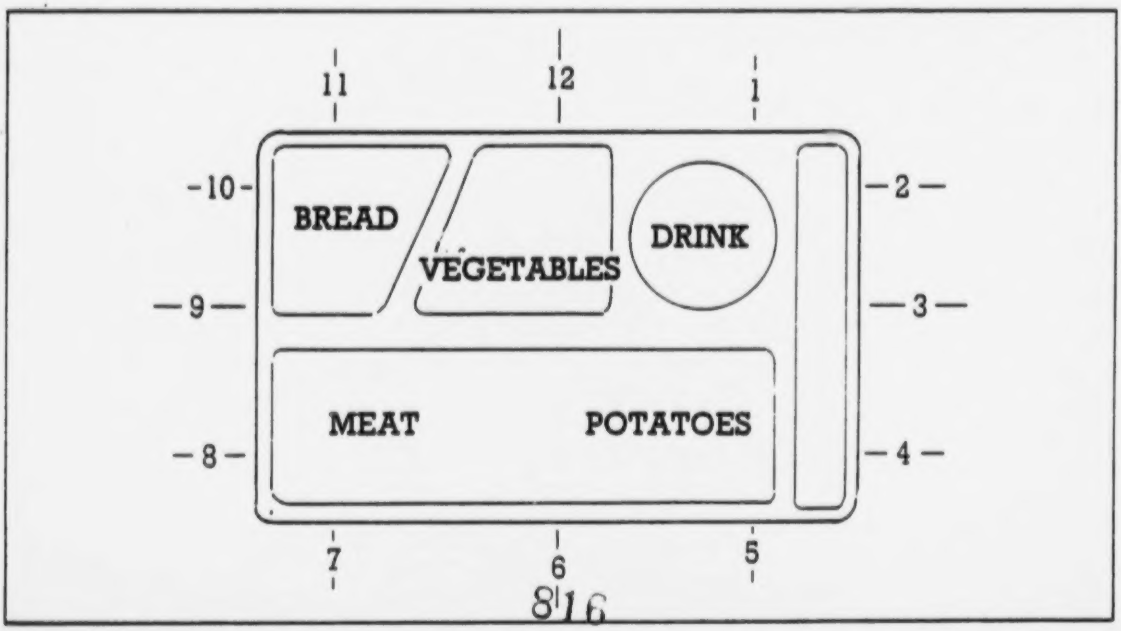


Pencil-clip to Fasten Straw to Glass



Food Tray for the Blind Resident


12
1
11
BREAD
10
VEGETABLE
2
9
3
POTATOES
8
4
MEAT
7
5
6
DRINK


11
12
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-10-
-2-
BREAD
VEGETABLES
DRINK
—9—
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MEAT
POTATOES
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6
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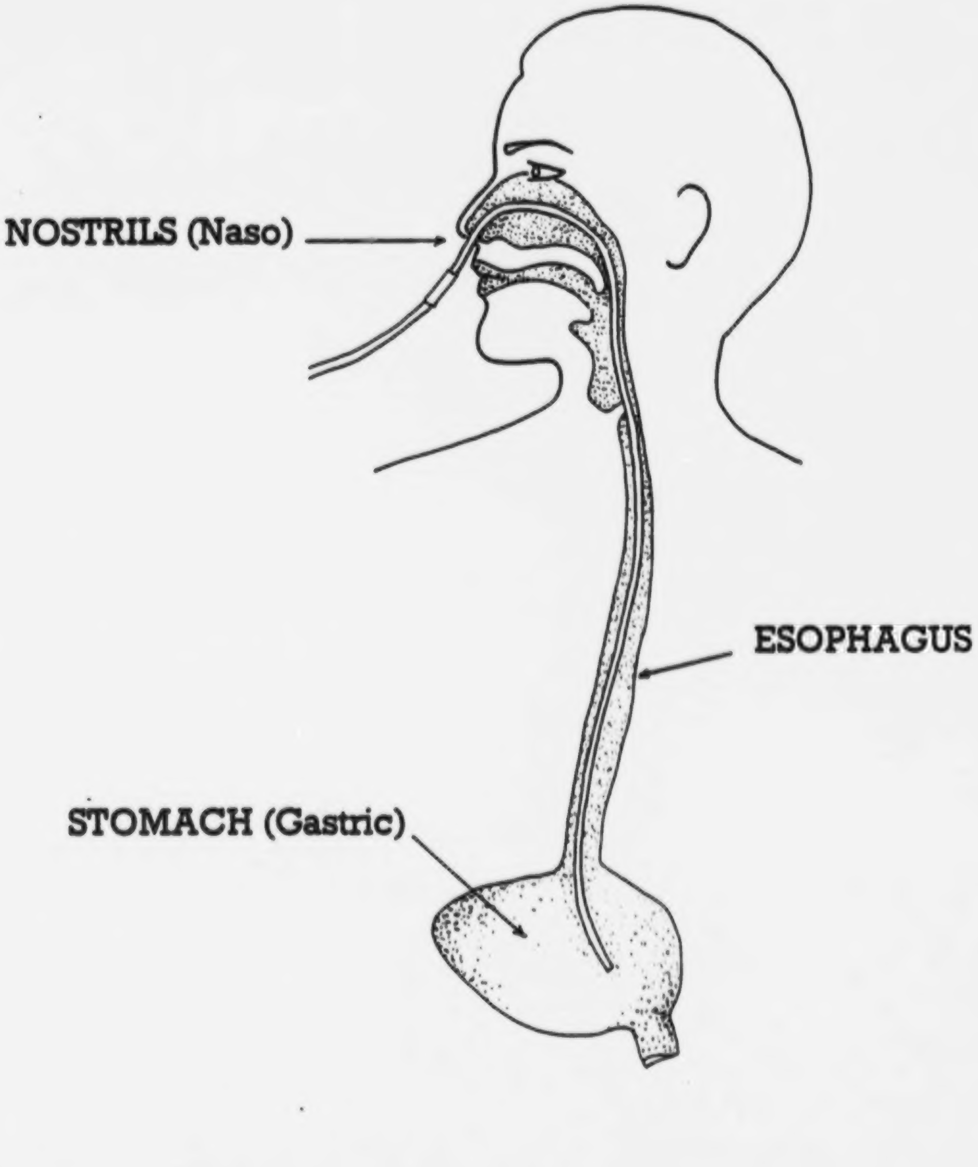
Nasogastric Tube

NASOGASTRIC TUBES (Stomach Tubes)


NOSTRILS (Naso)
ESOPHAGUS
STOMACH (Gastric)

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XII : RECOGNIZING CONCEPTS OF NUTRITION

SCOPE OF UNIT:

In this unit, concepts of nutrition will be covered. The basic four food groups, special and substitute diets are identified. Strategies for forcing fluids, preparing residents for a meal and feeding techniques are skills learned. Measurement and recording of food and fluid intake and output is performed.

INFORMATION TOPIC: OR DEMONSTRATION: XII-3

FEEDING THE HELPLESS RESIDENT
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT WILL BE ABLE TO:

1. Demonstrate the procedure for feeding a helpless resident according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Food tray
2. Napkin or towel
3. Overbed table
4. Chair

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 254-255.

REFERENCES:

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 254-255.

INTRODUCTION:

You have been studying basic nutrition and how to serve, feed, and monitor a resident. With that background information you are now ready to learn the actual procedure for feeding a resident. For residents in a LTC facility, the food and mealtime is the highlight of their day. They wish to be fed in an acceptable manner as if they could do so themselves. Let's find out how!

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XII : RECOGNIZING CONCEPTS OF NUTRITION

STEPS OF PROCEDURE:

1. Wash your hands.
2. Provide before-meal care: offer resident bedpan or urinal; wash resident's hands and face; position resident in sitting position.
3. Wash your hands.
4. Check food tray before serving to make sure it is the correct one.
5. Place food tray in front of resident on overbed table.
6. Explain to resident that you will help him/her eat.
7. Spread napkin or towel to protect clothes and linen.
8. Sit down in chair facing resident.
9. Prepare food: cut up meat; butter bread; pour tea or coffee, etc.
10. Season food as resident wishes within diet guidelines.
11. Ask resident in what order he/she wants his/her food served; name each mouthful of food as you offer it.
12. Let resident help self if possible.
13. Use straws or a double-handled cup for liquids.
14. Give small bites and feed slowly, allowing time for chewing, swallowing, and breathing.
15. Alternate liquids and solids.
16. Wipe resident's mouth as needed.
17. Warn resident when giving something hot.
18. Take tray away as soon as resident is finished.
19. Note foods and amounts eaten.
20. Provide after-meal care: wash resident's hands and face; remove napkin; make resident comfortable; place call light within reach.

21. Wash your hands.

22. Record observations.

    NOTE: Report anything unusual to charge nurse.

SUMMARY AND CONCLUSION:

1. Ask interaction items.

2. Review steps of procedure.

When you have completed study of the steps of procedure, you will practice on each other in the classroom-laboratory or on a resident in the facility under the supervision of a licensed nurse.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XII : RECOGNIZING CONCEPTS OF NUTRITION

INTERACTION ITEMS:

1. Why should the health services assistant wash his/her hands before serving the tray?
2. Why should the resident be encouraged to do what he/she can during a meal?
3. What is the purpose of alternating liquids and solids?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Have students practice feeding one another. Try using baby food at room temperature—it will stress the need for serving food promptly and demonstrate to students what it's like to eat food with no salt or sugar. Have some students slouch down in their chairs and try to eat. Have some students eat with eyes closed or while blindfolded and be fed with little explanation of what they are being fed.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XII : RECOGNIZING CONCEPTS OF NUTRITION

EVALUATION ITEMS: NAME OF STUDENT: ____________________

FEEDING THE HELPLESS RESIDENT

EQUIPMENT

1. Food tray
2. Napkins or towel
3. Overbed table
4. Chair

DID THE STUDENT	YES	NO
1. Wash hands.		
2. Provide before-meal care.		
3. Wash hands.		
4. Check food tray before serving to make sure it is the correct one.		
5. Place food tray in front of resident on overbed table.		
6. Explain that he/she will help resident eat.		
7. Spread napkin or towel.		
8. Sit down in chair facing resident.		
9. Prepare food.		
10. Season food as resident wishes within diet guidelines.		
11. Ask resident in what order he/she wants his/her food served, name each mouthful of food as it is offered.		
12. Let resident help self if possible.		
13. Use straws or a double-handled cup for liquids.		

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	YES	NO
14. Give small bites and feed slowly allowing time for chewing, swallowing and breathing.		
15. Alternate liquids and solids.		
16. Wipe resident's mouth as needed.		
17. Warn resident when giving something hot.		
18. Take tray away as soon as resident is finished.		
19. Note foods and amounts eaten.		
20. Provide after-meal care.		
21. Wash hands.		
22. Record observations and report anything unusual to charge nurse.		

The student has satisfactorily completed the procedure "FEEDING THE HELPLESS RESIDENT" according to the steps outlined.

Instructor's/Charge Personnel's Signature
(Verifying Satisfactory Completion)

Date

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LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XII : RECOGNIZING CONCEPTS OF NUTRITION

SCOPE OF UNIT:

In this unit, concepts of nutrition will be covered. The basic four food groups, special and substitute diets are identified. Strategies for forcing fluids, preparing residents for a meal and feeding techniques are skills learned. Measurement and recording of food and fluid intake and output is performed.

INFORMATION TOPIC: OR DEMONSTRATION: XII-4

FEEDING BY MOUTH WITH A SYRINGE
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Demonstrate the procedure for feeding a resident using a syringe according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Syringes
2. 40-50 cc bulb syringe or plunger-type syringe
3. Liquid feeding material
4. Overbed table
5. Napkin or towel

INFORMATIONAL ASSIGNMENT:

REFERENCES:

Meyer, E. June. Nurse Assistant in a Long-Term Care Facility. Columbia, MO: Instructional Materials Laboratory, University of Missouri-Columbia, 1980. pp. 233-236.

INTRODUCTION:

There are times when a resident may be able to swallow but not chew. Instead of starting IV therapy or using a nasogastric tube, we may be able to maintain adequate nutrition by feeding the resident semiliquid and liquid foods with a bulb or plunger-type syringe.

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XII : RECOGNIZING CONCEPTS OF NUTRITION

STEPS OF PROCEDURE:

1. If feeding is premixed and kept in the refrigerator, remove it at least 30 minutes before serving or warm it slightly.
2. Wash your hands.
3. Provide before-meal care: offer resident bedpan or urinal; wash resident's hands and face; position resident in sitting position.
4. Wash your hands.
5. Obtain food tray and assemble necessary equipment.
6. Explain to resident what you will be doing.
7. Protect resident's clothing with a towel or napkin.
8. Fill bulb syringe by depressing bulb end; fill plunger-type syringe by pulling back on plunger.
9. Insert syringe tip into side of mouth.

   NOTE: If resident is paralyzed, place on nonaffected side.
10. Slowly squeeze bulb or depress plunger, giving no more than 15 cc at a time.
11. Feed slowly. Allow time for resident to swallow.
12. Wipe resident's mouth frequently.
13. Clean up supplies and remove syringe and food containers to dietary department for sanitization.
14. Note how much resident has eaten.
15. Provide after-meal care: wash resident's face and hands; remove napkin; make resident comfortable; place call light within reach.
16. Wash your hands.
17. Record observations.

   NOTE: Report anything unusual to charge nurse.

SUMMARY AND CONCLUSION:

1. Ask interaction items.
2. Review steps of procedure.

After you have studied the steps of procedure, you will practice on each other in the classroom/laboratory or on a resident in the facility under the supervision of a licensed nurse.

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XII **:** RECOGNIZING CONCEPTS OF NUTRITION

INTERACTION ITEMS:

1. Why should the food be at room temperature?
2. Why would you place the syringe in the nonparalyzed side of the paralyzed resident's mouth?
3. What might happen if you gave more than 15 cc at one time?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Show students how much 15 cc is using a medicine cup. Have students drink 15 cc of fluid and 30 cc and discuss the difference in amounts to be swallowed.
2. Practice feeding each other with a bulb syringe.

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LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XII : RECOGNIZING CONCEPTS OF NUTRITION

EVALUATION ITEMS: NAME OF STUDENT:____________________

FEEDING BY MOUTH WITH A SYRINGE

EQUIPMENT

1. 40-50 cc bulb syringe or plunger-type syringe
2. Liquid feeding material
3. Overbed table
4. Napkin or towel

DID THE STUDENT	YES	NO
1. If feeding is premixed and kept in the refrigerator, remove it at least 30 minutes before serving or warm it slightly.		
2. Wash hands.		
3. Provide before-meal care.		
4. Wash hands.		
5. Obtain food tray and assemble necessary equipment.		
6. Inform resident what he/she will be doing.		
7. Protect resident's clothing with a towel or napkin.		
8. Fill bulb syringe by depressing bulb end; fill plunger-type syringe by pulling back on plunger.		
9. Insert syringe tip into side of mouth.		
10. Slowly squeeze bulb or depress plunger, giving no more than 15 cc at a time.		
11. Feed slowly. Allow time for resident to swallow.		
12. Wipe resident's mouth frequently.		

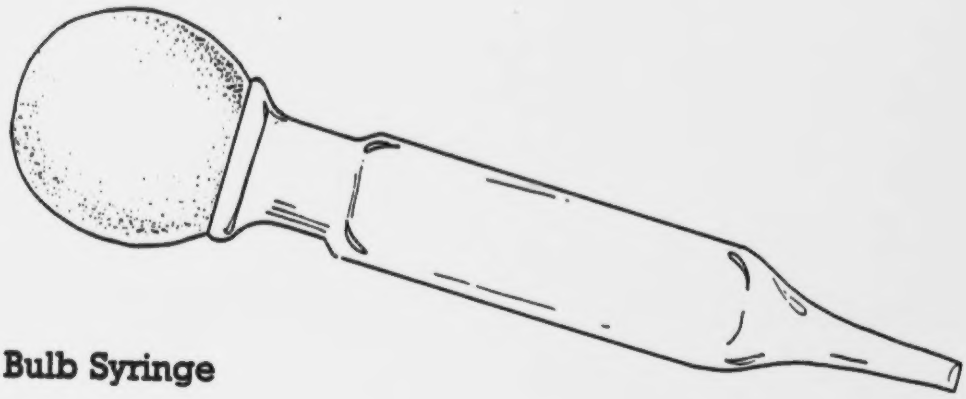
	YES	NO
13. Clean up supplies and remove syringe and food containers to dietary department for sanitization.		
14. Note how much resident has eaten.		
15. Provide after-meal care.		
16. Wash hands.		
17. Record observations and report anything unusual to charge nurse.		

The student has satisfactorily completed the procedure "FEEDING BY MOUTH WITH A SYRINGE" according to the steps outlined.

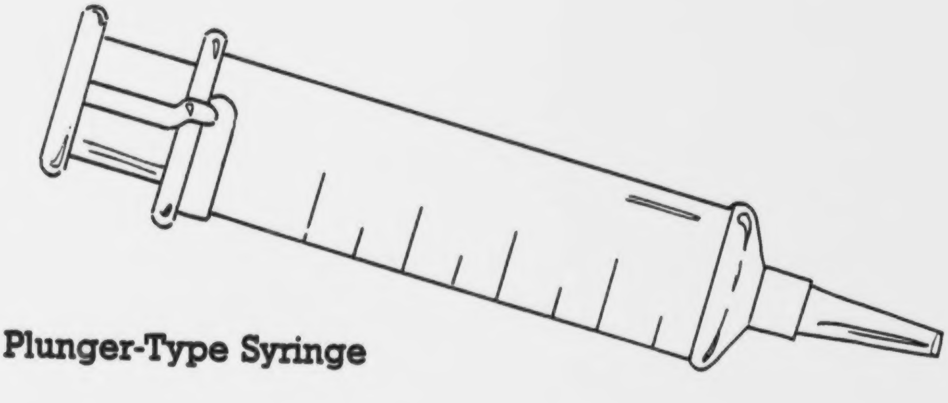
____
Instructor's/Charge Personnel's Signature
(Verifying Satisfactory Completion)

____
Date

Syringes



Bulb Syringe



Plunger-Type Syringe

LESSON PLAN: 5

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XII : RECOGNIZING CONCEPTS OF NUTRITION

SCOPE OF UNIT:

In this unit, concepts of nutrition will be covered. The basic four food groups, special and substitute diets are identified. Strategies for forcing fluids, preparing residents for a meal and feeding techniques are skills learned. Measurement and recording of food and fluid intake and output is performed.

INFORMATION TOPIC: XII-5 OR DEMONSTRATION:

OBSERVE, MEASURE, AND RECORD FLUID INTAKE AND OUTPUT
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Define terms presented in this lesson.
2. List three routes to administer fluids.
3. Identify key points in measuring intake and output.
4. List four fluids which must be measured for oral intake.
5. Transfer household measurement equivalents to cubic centimeters.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Graduate Measures
2. HO 2: Measuring and Recording Fluid Intake and Output
3. HO 3: Fluid Intake and Output Record
4. HO 4: Distributing Drinking Water
5. Trainex filmstrip: "Intake and Output"
6. Graduate measure
7. Intake and output sheet

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 274-283.

REFERENCES:

Fouts, Janet and Lynn Mullen. Nursing Assistant Training Manual. Beaverton, OR: Medi Form Printers and Publishers Inc., 1984, pp. 147-150.

Johnson-Pawlson, Jean and Marsha Goodwin. How to Be a Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1985. pp. 180-182

McClelland, Sharon and Geraldine Kaspar. A Clinical Manual for Nursing Assistants. Monterey, CA: Wadsworth Health Sciences Division, 1985, pp. 161-162.

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 274-283.

INTRODUCTION:

Since our body is 60% water, this liquid is absolutely essential to life. As a health services assistant, one of your responsibilities will be to make sure your residents have enough fluids. In order to help you meet the needs of your residents, we will be discussing what to observe, how to measure and how to record the intake and output of fluids for your residents.

LESSON PLAN: 5

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XII : RECOGNIZING CONCEPTS OF NUTRITION

OUTLINE: (Key Points)

I. Terms and Definitions

   A. Diaphoresis - excessive sweating

   B. Graduate - a container marked with lines for measuring liquids (HO 1)

II. Routes to Administer Fluids

   A. Oral

   B. Intravenous (IV) - into the vein

   C. Nasogastric tube or gastrostomy tube - into the stomach (II-1)

III. Measurement of Intake and Output

   A. Average oral intake for an adult is 2,000 to 3,000 cc of fluid per day, which is approximately 2 to 3 quarts. Output should be about the same.

   B. Physician may restrict or encourage fluid intake; it is the charge nurse's responsibility to know which has been ordered and to pass this information on to the health services assistant.

   C. When intake and output (I&O) is ordered, accuracy is very important and the resident and his/her family should be informed of the procedure. (HO 2, HO 3)

   D. Paper and a pencil are usually kept at the resident's bedside for each eight hour shift to record I&O.

   E. Checking and recording liquid intake at mealtime and between meals is a nursing responsibility.

   F. Intake and output are totaled and recorded at the end of each shift and at the end of the 24 hour period.

   G. At mealtime, check resident's tray before serving and after resident has eaten to determine intake of liquids, remember that foods which turn liquid if allowed to stand at room temperature are also counted.

H. Before emptying the water pitcher, measure water that is left to determine the amount consumed by the resident.

I. Observe resident for signs of dehydration or edema. (II-2, 3)

J. Measure urinary output accurately each time bedpan, urinal, specipan, or bedside commode are emptied using an accurate graduate.

K. Measure and record any other body discharges such as vomitus, diarrhea, or fluid in suction apparatus and drainage on dressings; mention diaphoresis on I&O record if resident perspires profusely.

NOTE: If unable to measure accurately, estimate amount and record estimated amount on chart.

L. Measure fluids in a rigid container; catheter bags are not always accurate, drain into a graduate then observe and record output.

M. When looking at a transparent graduate, read it at eye level.

N. If the resident is incontinent, record the number of times on the I&O sheet.

IV. Fluids Which Must be Measured for Oral Intake

A. Water, coffee, tea, broth, ice chips, gelatin

B. Juices, carbonated beverages (soda)

C. Ice cream, milk shakes, sherbet, milk, cream

V. Measurement Equivalents from Household to Cubic Centimeters (cc)

A. 1 ml = 1 cc

B. 1 tsp = 5 cc

C. 1 oz = 30 cc

D. 1 cup (8 oz) = ? cc

1. If 1 oz = 30 cc then 8 oz would = 240 cc

2. Can be applied to any amount (II-4,5)

VII. Summary and Conclusion

A. Terms and definitions

B. Routes to administer fluids

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C. Measurement of intake and output

D. Fluids which must be measured for oral intake

E. Measurement equivalents from household to cubic centimeters

This lesson has shown you the importance of fluids and has prepared you to identify those fluids that must be recorded as intake and output. You should now be ready to accurately identify and measure fluids.

LESSON PLAN: 5

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XII : RECOGNIZING CONCEPTS OF NUTRITION

INTERACTION ITEMS:

1. What is the nurse assistant's responsibility with regard to tube feedings?
2. What do you think are some signs of dehydration?
3. Do you remember the signs of edema?
4. If a resident drank a glass of juice which contained 3 ounces, how many cc's would you record as input on the I&O sheet?
5. What if the resident took in 6 ounces of fluid, how many cc's would that be?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Demonstrate how to read a graduate; have all students read various amounts of fluid.
2. Have students fill out an I&O sheet using HO 2 and HO 3.

LESSON PLAN: 5

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XII : RECOGNIZING CONCEPTS OF NUTRITION

EVALUATION ITEMS:

1. Define the term diaphoresis.
2. Define the term graduate.
3. List three routes to administer fluids.
   a.
   b.
   c.
4. List four fluids which must be measured for oral intake.
   a.
   b.
   c.
   d.

For each of the following, write "T" if the statement is true, or "F" if it is false.

____ 5. The average adult should take in about 5,000 cc's of fluid per day.

____ 6. Restricted fluids will never be ordered by a physician.

___ 7. Anything that will turn to liquid at room temperature is to be measured.

___ 8. Liquid stools, vomitus, drainage from wounds are all considered as output.

___ 9. Dehydration is excess amounts of fluid in the tissue.

___ 10. It is not important to record output if a resident is incontinent since you cannot actually measure it.

Fill in the blanks.

11. 1 ml = _____ cc

12. 1 tsp = _____ cc

13. _____ oz = 30 cc

14. 4 oz = _____ cc

LESSON PLAN: 5

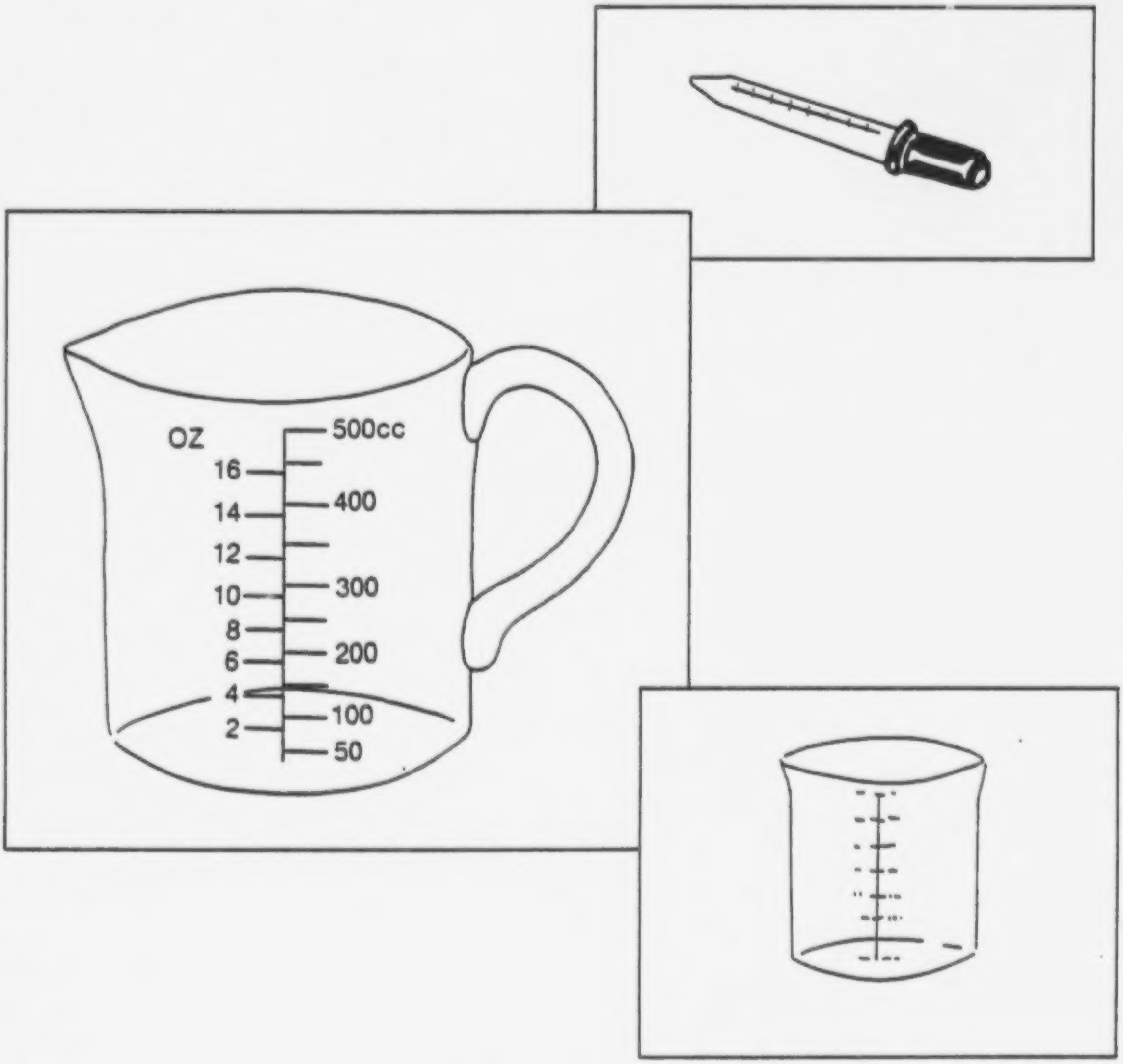
COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XII : RECOGNIZING CONCEPTS OF NUTRITION

ANSWERS TO EVALUATION ITEMS:

1. Diaphoresis means excessive sweating.
2. A graduate is a container marked with lines for measuring liquids.
3. a. Oral
   b. Intravenous (IV)
   c. Nasogastric tube or gastrostomy tube
4. The student may list any four of the following:
   a. Water
   b. Coffee
   c. Tea
   d. Broth
   e. Ice chips
   f. Gelatin
   g. Juices
   h. Carbonated beverages (soda)
   i. Ice cream
   j. Milk shakes
   k. Sherbet
   l. Milk
   m. Cream
5. F
6. F
7. T
8. T
9. F
10. F
11. 1
12. 5
13. 1
14. 120

Graduate Measures


OZ
16
14
12
10
8
6
4
2
500cc
400
300
200
100
50

HO 2

Measuring and Recording Fluid Intake and Output

Directions: Use the intake and output chart on the following page. Put the following information in the proper column and total the figures. Compute the intake and output.

A. Date - May 11

B. Name - John Middleman, Jr.

C. South Wing: Room 255

D. Method of Administration:
Oral

E.

7:30 a.m.	Urine	500cc.
8:00 a.m.	Grape juice Milk Coffee	90cc. 120cc. 90cc.
9:30 a.m.	Water	180cc.
12:00 Noon	Tea Soup	120cc. 180cc.
1:00 p.m.	Water	90cc.
1:15 p.m.	Urine	300cc.
2:00 p.m.	Apple juice	120cc.
2:15 p.m.	Vomitus	120cc.
3:20 p.m.	Tea	120cc.
5:00 p.m.	Orange juice	60cc.
5:30 p.m.	Urine	400cc.
6:30 p.m.	Water	150cc.
8:45 p.m.	Gingerale	150cc.
9:00 p.m.	Urine	300cc.
10:00 p.m.	Water	90cc.
10:15 p.m.	Urine	200cc.

HO 3

VALLEY VIEW MANOR

FLUID INTAKE and OUTPUT RECORD

Name: ______________________ Room: __________

INTAKE					OUTPUT			
Date	Time	Method Admin.	Solution	Amount Rec'd	Time	Urine Amount	Others	
							Kind	Amt.
TOTAL					TOTAL			

1 Ounce = 30 cc 8 oz. Glass = 240 cc 4 oz. Juice Glass = 120 cc *4 oz. Soup Bowl = 120 cc
6 oz.Cup = 180 cc *Jello-4 oz. = 120 cc

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*Measure servings in each facility to establish accurate measure.

DISTRIBUTING DRINKING WATER

I. Introduction

A. Purpose is to assure that fresh water is at the bedside of residents at all times; thus it is passed at regular intervals during the day.

B. Drinking glasses and pitcher are collected daily and sent to the dietary department where they are sanitized through a dishwashing process.

II. Equipment

A. Ice

B. Pitchers

C. Trays

D. Cart

E. Glasses

III. Procedure

A. Wash your hands.

B. Check residents who may not have water.

C. Check which residents do not care for or are not allowed ice.

D. Collect pitchers, glasses, and trays from bedside of residents and place on cart or tray.

E. Take cart or tray of equipment to dietary department.

F. Obtain clean pitchers and glasses.

G. Fill some of the pitchers one third full with ice; use ice tongs or a large spoon to handle ice.

H. Add water to fill pitchers.

I. Return pitchers promptly to resident's bedside table.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIII : RECOGNIZING CONCEPTS OF THE ENDOCRINE SYSTEM

SCOPE OF UNIT:

The structure and function of the endocrine system are examined. Medical terms and definitions pertaining to the endocrine system are included. The following procedures will be learned: checking urine using Acetest, Ketostix and Tes-Tape.

INFORMATION TOPIC: XIII-1 OR DEMONSTRATION:

ENDOCRINE SYSTEM
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Locate and identify the glands of the endocrine system.
2. Match the endocrine glands with their functions.
3. Recognize true statements about the endocrine system.
4. Name the types of hormones and describe their functions.

*5. Identify and define medical terms associated with the endocrine system.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Endocrine System

*2. HO 2: Endocrine System Medical Terms and Definitions

3. State Fair Community College Media Center slide/tape #600: "Glands and Hormones, An Overview"
4. Encyclopedia Britannica film: "Endocrine Glands: How They Affect You"

*This objective and HO 2 are optional. The use of this material is left to the teacher's discretion.

INFORMATIONAL ASSIGNMENT:

Rosdahl, Caroline Bunker. Basic Nursing. 4th ed. Philadelphia: J.B. Lippincott, 1985.

REFERENCES:

Memmler, Ruth L. and Dena L. Wood. Structure and Function of the Human Body. Philadelphia: J.B. Lippincott Co., 1977.

Rosdahl, Caroline Bunker. Basic Nursing. 4th ed. Philadelphia: J.B. Lippincott, 1985.

Schwartz, Estelle and Lillian Potter. Foundations of Patient Care. Philadelphia: J.B. Lippincott, 1981.

Thomas, Virginia. Life Sciences for Nursing and Health Technologies. 2nd ed. Huntington Beach, CA: Technicourse, Inc., 1974.

INTRODUCTION:

The endocrine system is composed of a group of ductless glands which secrete substances called hormones into the blood or tissue fluid. These hormones regulate our body processes.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIII: RECOGNIZING CONCEPTS OF THE ENDOCRINE SYSTEM

OUTLINE: (Key Points)

I. Glands of Endocrine System (II-1,2)

   A. Pituitary - stimulates growth and development (HO 1)

   B. Thyroid - regulates metabolism

   C. Parathyroid - regulates calcium and phosphorus absorption

   D. Adrenal - secretes adrenalin

   E. Pancreas - secretes insulin

   F. Gonads

      1. Location

         a. Ovaries - female

         b. Testes - male

      2. Function

         a. Ovaries - produce ovum

         b. Testes - produce sperm

   G. Thymus - development of the body's immune system; found only in children

II. Structure and Function of the Endocrine System

   A. Structure - simple to complex

   B. Functions (II-3)

      1. Growth and development

      2. Regulate body functions

      3. Metabolism

      4. Reproduction

III. Hormones (II-4)

   A. Types (II-5)

      1. Steroids

      2. Proteins

   B. Function - to produce a specific effect on the activity of cells remote from its point of origin

IV. Summary and Conclusion

   A. Glands of endocrine system

   B. Structure and function of the endocrine system

   C. Hormones

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LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIII : RECOGNIZING CONCEPTS OF THE ENDOCRINE SYSTEM

INTERACTION ITEMS:

1. How does the endocrine system differ from the other body systems?
2. Where are the endocrine glands located and what is the major function of each gland?
3. What are the four general functions of the endocrine system?
4. Why are hormones important?
5. What is the composition of hormones?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Assign short reports on abnormalities of endocrine system, i.e., dwarfism, gigantism, etc.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIII : RECOGNIZING CONCEPTS OF THE ENDOCRINE SYSTEM

EVALUATION ITEMS:

1. Identify the glands of the endocrine system indicated on the diagram.

a.

b.

c.

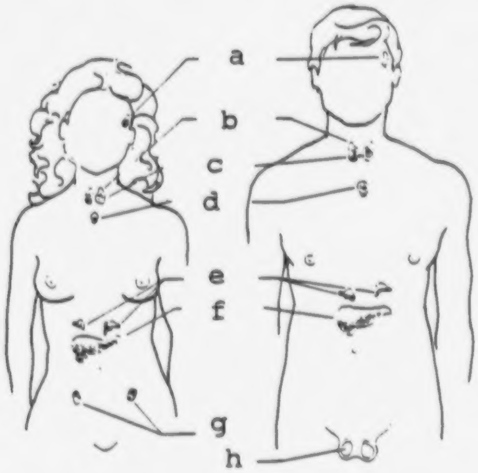
d.

e.

f.

g.

h.



2. Match the functions to their proper glands.

____ a.	Secrete insulin	1.	Pituitary
____ b.	Secrete adrenalin	2.	Thyroid
____ c.	Stimulate growth and development	3.	Parathyroid
____ d.	Regulate calcium and phosphorus	4.	Adrenal
____ e.	Produce ovum	5.	Pancreas
____ f.	Produce sperm	6.	Testes
____ g.	Regulate metabolism	7.	Ovaries

For each of the following, write "T" if the statement is true, or "F" if it is false.

____ 3. Endocrine glands are located throughout the body.

____ 4. The pituitary gland is one of the largest endocrine glands.

____ 5. The liver is an accessory organ in the endocrine system.

____ 5. The liver is an accessory organ in the endocrine system.

____ 6. The thyroid gland regulates metabolism.

____ 7. The pituitary gland controls the output of other endocrine glands.

____ 8. The adrenal glands are located on top of the kidneys.

9. Name the types of hormones and describe their functions.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIII : RECOGNIZING CONCEPTS OF THE ENDOCRINE SYSTEM

ANSWERS TO EVALUATION ITEMS:

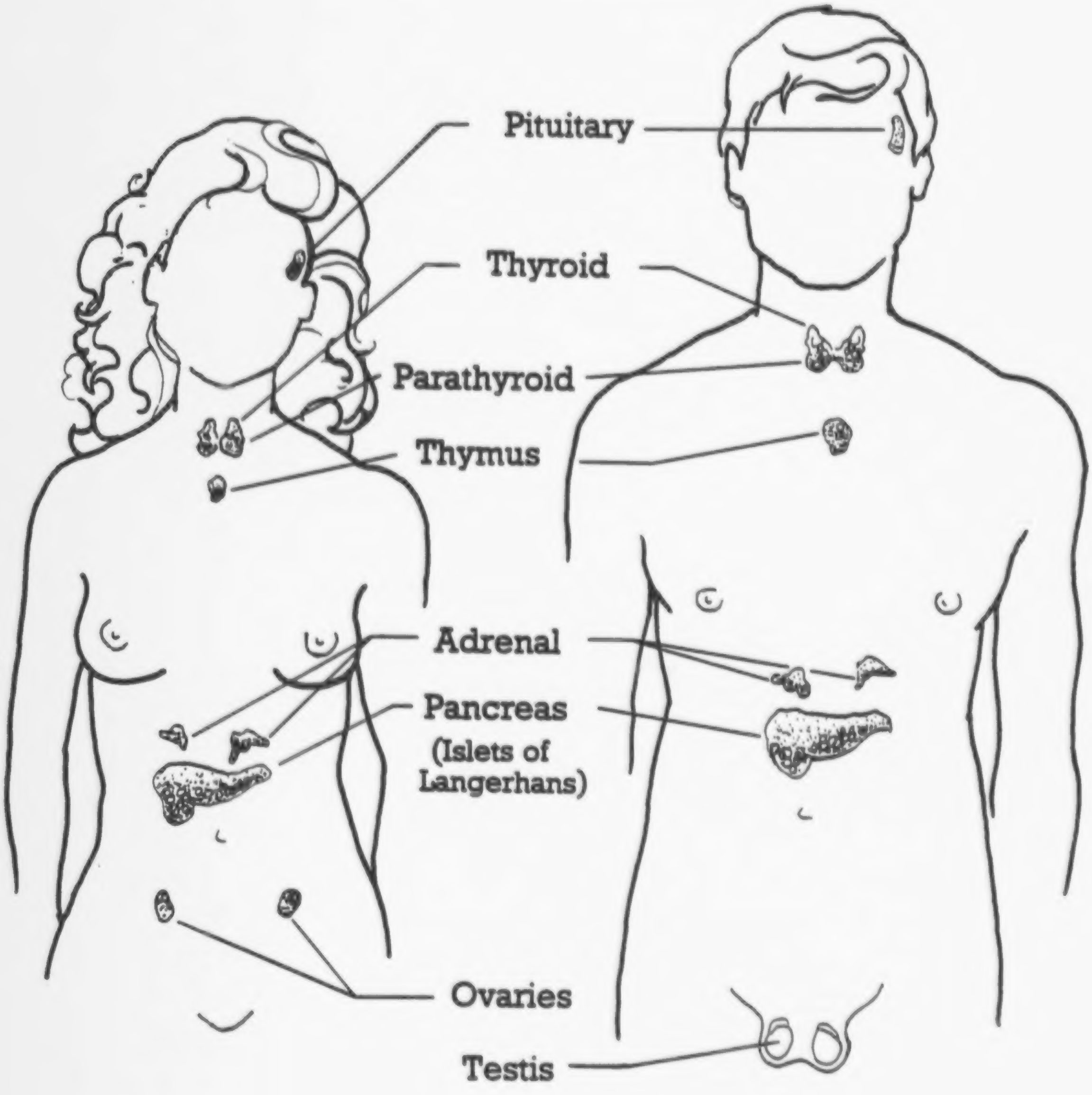
1. a. Pituitary
   b. Thyroid
   c. Parathyroid
   d. Thymus
   e. Adrenal
   f. Pancreas
   g. Ovaries
   h. Testes

2. a. 5
   b. 4
   c. 1
   d. 3
   e. 7
   f. 6
   g. 2

3. T
4. F
5. F
6. T
7. T
8. T

9. Steroids and proteins. Function: to produce a specific effect on the activity of cells remote from its point of origin

Endocrine System


Pituitary
Thyroid
Parathyroid
Thymus
Adrenal
Pancreas
(Islets of
Langerhans)
Ovaries
Testis

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Endocrine System Medical Terms and Definitions

HD 2

Hypothyroidism (hi'po-thi'roid-izm) - deficiency of thyroid secretion

Pancreatectomy (pan'kre-ah-tek'to-me) - surgical removal of the pancreas

Pancreatic (pan'kre-at'ik) - pertaining to the pancreas

Pancreatitis (pan'kre-ah-ti'tis) - inflammation of the pancreas

Thyrocele (thi'ro-sel) - a tumor of the thyroid gland; a goiter

Thyropenia (thi'ro-pe'ne-ah) - decreased or deficient activity of the thyroid

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIII : RECOGNIZING CONCEPTS OF THE ENCODRINE SYSTEM

SCOPE OF UNIT:

The structure and function of the endocrine system are examined. Medical terms and definitions pertaining to the endocrine system are included. The following procedures will be learned: checking urine using Acetest, Ketostix and Tes-Tape.

INFORMATION TOPIC: OR DEMONSTRATION: XIII-2

URINE TESTING FOR SUGAR AND ACETONE
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Demonstrate how to test urine for sugar using a Clinitest or Tes-Tape according to the steps of procedure.
2. Demonstrate how to test urine for acetone/ketones using the Acetest or Ketostix according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Clinitest kit (includes dropper, test tube, and tablets)
2. Running water
3. Tes-Tape
4. Acetone test tablet, paper towel, eyedropper
5. Ketostix/Labstix, any type of dip stick
6. Fresh urine specimen

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 305-312.

REFERENCES:

Fouts, Janet and Lynn Mullen. Nursing Assistant Training Manual. Beaverton, OR: Medi Form Printers and Publishers, Inc., 1984, p. 244.

Johnson-Pawlson, Jean and Marsha Goodwin. How To Be A Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1985, pp. 265-267.

McClelland, Sharon and Geraldine Kaspar. A Clinical Manual for Nursing Assistants. Monterey, CA: Wadsworth Health Sciences Division, 1985, pp. 189-190.

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 305-312.

INTRODUCTION:

Urine testing is done on a regular basis for diabetic residents to monitor their disease. Sugar and acetone spill into the urine if there is a high level within the blood. Accuracy is extremely important. The specimen that is collected should be as fresh as possible, and should not have been sitting in the bladder overnight or for several hours. Inform the charge nurse if you are unable to collect a fresh specimen. Dosages of insulin are sometimes calculated depending upon what the test results are.

The following procedures describe a variety of equipment. If your facility does not have these types of supplies, follow the directions that come with the test kits available.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIII : RECOGNIZING CONCEPTS OF THE ENCODRINE SYSTEM

STEPS OF PROCEDURE:

Clinitest

Steps beginning procedure

1. Identify and greet resident. Identify self.

2. Explain to resident what you are going to do.

3. Obtain fresh urine specimen.

   NOTE: Resident should empty his/her bladder 1/2 to 1 hour before test is done. At time specimen is to be tested, ask resident to void again to obtain freshest sample.

4. Assemble necessary equipment.

5. Wash your hands.

Clinitest procedure

6. Hold test tube between thumb and forefinger, about 1/4 inch from top of tube.

7. Turn on water faucet; draw up water into eyedropper; hold dropper upright and place ten drops of water into the center of the test tube.

8. Use the eyedropper to draw up urine from the specimen. With the eyedropper in an upright position, add the required number of drops of urine into test tube (two drops/five drops).

   NOTE: Check tablet box for correct amount—either two drops or five drops—of urine to be added.

9. Pour one Clinitest tablet from the bottle into the bottle cap and drop it into the test tube.

   NOTE: Never touch the tablet with your fingers; check for normal color of tablet—bluish white and slightly spotted.

10. Hold test tube near top; do not shake the test tube during the reaction.

11. Count for 15 seconds after the bubbling inside the test tube has stopped; shake the tube gently from side to side.

12. Compare color in the tube with the Clinitest color chart.

13. Record the results.

14. Wash test tube with cold water. Replace it upside-down so that any remaining water will drain out.

15. Rinse eyedropper with cold water. Put it in rack in upright position.

Steps ending procedure

16. Remove, clean, and store equipment.

17. Wash your hands.

18. Record results on chart and notify charge nurse of results.

Tes-Tape

Steps beginning procedure

1-4. See steps 1-4 of Clinitest procedure.

Tes-Tape procedure

5. Tear off a piece of tape about one and one half inches long.

   NOTE: Do not touch the part of the tape that is to be dipped in the urine with your fingers.

6. Dip the end of the tape into the urine sample up to about one-half inch. Pull it back out.

7. Wait for one minute, holding the tape.

   NOTE: Do not set tape on anything. Hold it for the full minute.

8. After a minute, compare the color change in the tape with the color chart on the tape container.

9. Record the results.

10. Discard tape and urine.

Steps ending procedure

11-13. See steps 15-17 of Clinitest procedure.

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Acetest

Steps beginning procedure

1-4. See steps 1-4 of Clinitest procedure.

Acetest tablet procedure

5. Place one Acetest tablet on a clean paper towel.

   NOTE: Without touching tablet, drop it into container lid and then onto the paper towel.

6. Draw urine into the eyedropper.

7. Drop *one* drop of urine on the tablet.

8. Wait 30 seconds.

9. Compare the color of the tablet with the color chart on the bottle.

10. Record the results.

11. Discard tablet, paper towel and urine.

Steps ending procedure

12-14. See steps 15-17 of Clinitest procedure.

Ketostix

Steps beginning procedure

1-4. See steps 1-4 of Clinitest procedure.

Ketostix procedure

5. Take a strip out of the bottle.

   NOTE: Do not touch the end to be dipped into the urine with your fingers.

6. Dip the specially-treated end into the urine sample; pull back out; let excess urine drip off.

7. Wait for 15 seconds.

8. Compare the color change on the strip with the color chart on the bottle.

9. Record the results.

10. Discard strip and urine.

Steps ending procedure

11. See steps 15 through 17 of Clinitest procedure.

SUMMARY AND CONCLUSION:

1. Ask interaction items.
2. Review steps of procedure.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIII : RECOGNIZING CONCEPTS OF THE ENDOCRINE SYSTEM

INTERACTION ITEMS:

1. How do you obtain the freshest sample of urine?
2. Why is it important to be accurate?
3. What position should the eyedropper be in when putting drops into the test tube?
4. What is the proper way to put tablets into the test tube?
5. How do you replace the test tube in the kit after you have completed the Clinitest?
6. How much test paper is needed to do the Tes-Tape procedure?
7. How many drops of urine are placed on the Acetest tablet?
8. What should you do with the results of any of these tests?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Instructor demonstrates testing the urine with whatever equipment is available in the particular facility.
2. Students practice testing the urine for sugar and acetone using available equipment.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIII : RECOGNIZING CONCEPTS OF THE ENCODRINE SYSTEM

EVALUATION ITEMS: NAME OF STUDENT ____________

URINE TESTING FOR SUGAR AND ACETONE

EQUIPMENT:

1. Clinitest kit
2. Running water
3. Tes-Tape
4. Acetone test tablet, paper towel, eyedropper
5. Ketostix/Labstix, any type of dip stick
6. Fresh urine specimen

DID THE STUDENT	YES	NO
Clinitest A. Steps beginning procedure 1. Identify and greet resident. Identify self.		
2. Explain what he/she is going to do.		
3. Obtain fresh urine specimen.		
4. Assemble necessary equipment.		
5. Wash hands.		
B. Clinitest procedure 6. Hold test tube between thumb and forefinger, about 1/4 inch from top of tube.		
7. Turn on water faucet; draw up water into eyedropper; hold dropper upright and place ten drops of water into the center of the test tube.		

	YES	NO
8. Use the eyedropper to draw up urine from the specimen. With the eyedropper in an upright position, add the required number of drops of urine into test tube.		
9. Pour one Clinitest tablet from the bottle into the bottle cap and drop it into the test tube.		
10. Hold test tube near top; do not shake the test tube during the reaction.		
11. Count for 15 seconds after the bubbling inside the test tube has stopped; shake the tube gently from side to side.		
12. Compare color in the tube with the Clinitest color chart.		
13. Record the results.		
14. Wash test tube with cold water. Replace it upside down so that any remaining water will drain out.		
15. Rinse eyedropper with cold water. Put it in rack in upright position.		
C. Steps ending procedure 16. Remove, clean, and store equipment.		
17. Wash hands.		
18. Record results on chart, and notify charge nurse of results.		
Tes-Tape A. Steps beginning procedure 1-4. Complete steps 1-4 of Clinitest procedure.		
B. Tes-Tape procedure 5. Tear off a piece of tape about one and one-half inches long.		

	YES	NO
6. Dip the end of the tape into the urine sample up to about one-half inch. Pull it back out.		
7. Wait for one minute, holding the tape.		
8. After a minute, compare the color change in the tape with the color chart on the tape container.		
9. Record the results.		
10. Discard tape and urine.		
C. Steps ending procedure 11-13. Complete steps 15-17 of Clinitest procedure.		
Acetest A. Steps beginning procedure 1-4. Complete steps 1-4 of Clinitest procedure.		
B. Acetest tablet procedure 5. Place one Acetest tablet on a clean paper towel.		
6. Draw urine into the eyedropper.		
7. Drop one drop of urine on the tablet.		
8. Wait 30 seconds.		
9. Compare the color of the tablet with the color chart on the bottle.		
10. Record the results.		
11. Discard tablet, paper towel and urine.		
C. Steps ending procedure 12-14. Complete steps 15 through 17 of Clinitest procedure.		

	YES	NO
Ketostix A. Steps beginning procedure 1-4. Complete steps 1-4 of Clinitest procedure.		
B. Ketostix procedure 5. Take a strip out of the bottle.		
6. Dip the specially-treated end into the urine sample; pull back out; let excess urine drip off.		
7. Wait for 15 seconds.		
8. Compare the color change on the strip with the color chart on the bottle.		
9. Record the results.		
10. Discard strip and urine.		
C. Steps ending procedure 11. Complete steps 15-17 of Clinitest procedure.		

The student has satisfactorily completed the procedure "URINE TESTING FOR SUGAR AND ACETONE" according to the steps outlined.

Instructor's/Charge Personnel's Signature
(Verifying Satisfactory Completion)

Date

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIV : RECOGNIZING CONCEPTS OF THE NERVOUS SYSTEM

SCOPE OF UNIT:

The structure and function of the nervous system are examined. The medical terms and definitions pertaining to the nervous system are included. Incorporating acceptable techniques when caring for the confused resident is the skill learned.

INFORMATION TOPIC: XIV-1 OR DEMONSTRATION:

NERVOUS SYSTEM
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. State the qualities which enable the nervous system to act as a communication network.
2. Describe a neuron and name the three types.
3. Name the three divisions of the nervous system and the parts of each.
4. Match the divisions of the brain with their functions.
5. State the function of the spinal cord and spinal fluid.
6. Identify and define medical terms associated with the nervous system.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Neuron
2. HO 2: The Brain
3. HO 3: Reflex Arc
4. HO 4: The Nervous System
5. HO 5: Nervous System Medical Terms and Definitions
6. Anatomy charts
7. Anatomical model - brain
8. State Fair Community College Media Center slide/tape #570: "Overview of the Nervous System"

INFORMATIONAL ASSIGNMENT:

Rosdahl, Caroline Bunker. Basic Nursing. 4th ed. Philadelphia: J. B. Lippincott, 1985.

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986.

REFERENCES:

Rosdahl, Caroline Bunker. Basic Nursing. 4th ed. Philadelphia: J. B. Lippincott, 1985.

Memmler, Ruth L. and Dena L. Wood. Structure and Function of the Human Body. Philadelphia: J. B. Lippincott Co., 1977.

Schwartz, Estelle and Lillian Potter. Foundations of Patient Care. Philadelphia: J. B. Lippincott Co., 1981.

INTRODUCTION:

The communications system of our body is the nervous system. It controls and organizes all our body activities, both voluntary and involuntary. It is made up of the brain, the spinal cord, and nerves.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIV : RECOGNIZING CONCEPTS OF THE NERVOUS SYSTEM

OUTLINE: (Key Points)

I. The Nervous System as a Communication Network (II-1)

  A. Able to receive stimuli

  B. Responds by producing nerve impulses

  C. Conducts and coordinates neural information to and from the brain and spinal cord

II. Neurons (II-2)

  A. Structure

    1. Cell body - contains nucleus, found only in gray matter of the brain

    2. Dendrites

    3. Axon

    4. Synapse

  B. Types

    1. Sensory (afferent)

    2. Motor (efferent)

    3. Connecting (associative)

  C. Nerve fibers

    1. Myelin

    2. Neurilemma (II-3)

III. Divisions of the Nervous System (HO 1 and 2)

  A. Central nervous system (II-4)

    1. Brain

      a. Cerebrum - largest part; concerned with reasoning and senses

b. Cerebellum - concerned with muscle tone, coordination, and equilibrium

c. Brain stem

(1) Medulla

(2) Pons

(3) Midbrain

2. Spinal cord (II-5)

a. Stimuli (II-6)

(1) Mechanical

(2) Physical

(3) Chemical

b. Reflex act

(II-7)

3. Meninges

a. Dura mater

b. Arachnoid

c. Pia mater

4. Cerebrospinal fluid

a. Nutrition

b. Excretion

c. Protection

B. Peripheral nervous system (HO 3)

1. Cranial nerves - 12 pairs

2. Spinal nerves - 31 pairs

C. Autonomic nervous system (HO 4) (II-8)

1. Sympathetic

2. Parasympathetic

IV. Summary and Conclusion

A. The nervous system as a communication network

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B. Neurons

C. Divisions of the nervous system

The nervous system keeps the body coordinated and plays an important part in the sensory system which will be covered in the next unit.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIV : RECOGNIZING CONCEPTS OF THE NERVOUS SYSTEM

INTERACTION ITEMS:

1. What are the qualities necessary for the nervous system to act as a communication network?
2. What is a neuron and how does it function?
3. What is neurilemma?
4. What are the three divisions of the nervous system and their main parts?
5. Locate and describe the spinal cord.
6. What is the difference between stimulus and reflex?
7. What is the name of the covering of the brain and spinal cord?
8. What are the divisions of the autonomic nervous system and how does each affect body function?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Examine anatomical model of the brain.
2. Have an EEG technician speak to the class.
3. View slide tape series.
4. View film.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIV : RECOGNIZING CONCEPTS OF THE NERVOUS SYSTEM

EVALUATION ITEMS:

1. List the three qualities which enable the nervous system to act as a communication network.

   a.

   b.

   c.

2. A neuron or nerve cell consists of __________ , ______________, __________________, and ______________.

3. The three types of neurons are:

   a.

   b.

   c.

4. The three divisions of the nervous system and their parts are:

   a.

      1.

      2.

      3.

      4.

   b.

      1.

      2.

   c.

      1.

      2.

5. Match the following:

____a. Portion of the brain directly connected to the spinal cord

____b. Includes midbrain, pons, and medulla

____c. Portions of brain responsible for motor control control of posture and balance movements

____d. Central nervous system

____e. Largest portion of brain

____f. Fatty substance which surrounds some axons and provides insulation

____g. Nerve cell

1. Neuron
2. Myelia
3. CNS
4. Cerebellum
5. Cerebrum
6. Medulla
7. Brain stem

6. The functions of the spinal cord and spinal fluid are:

a.

b.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

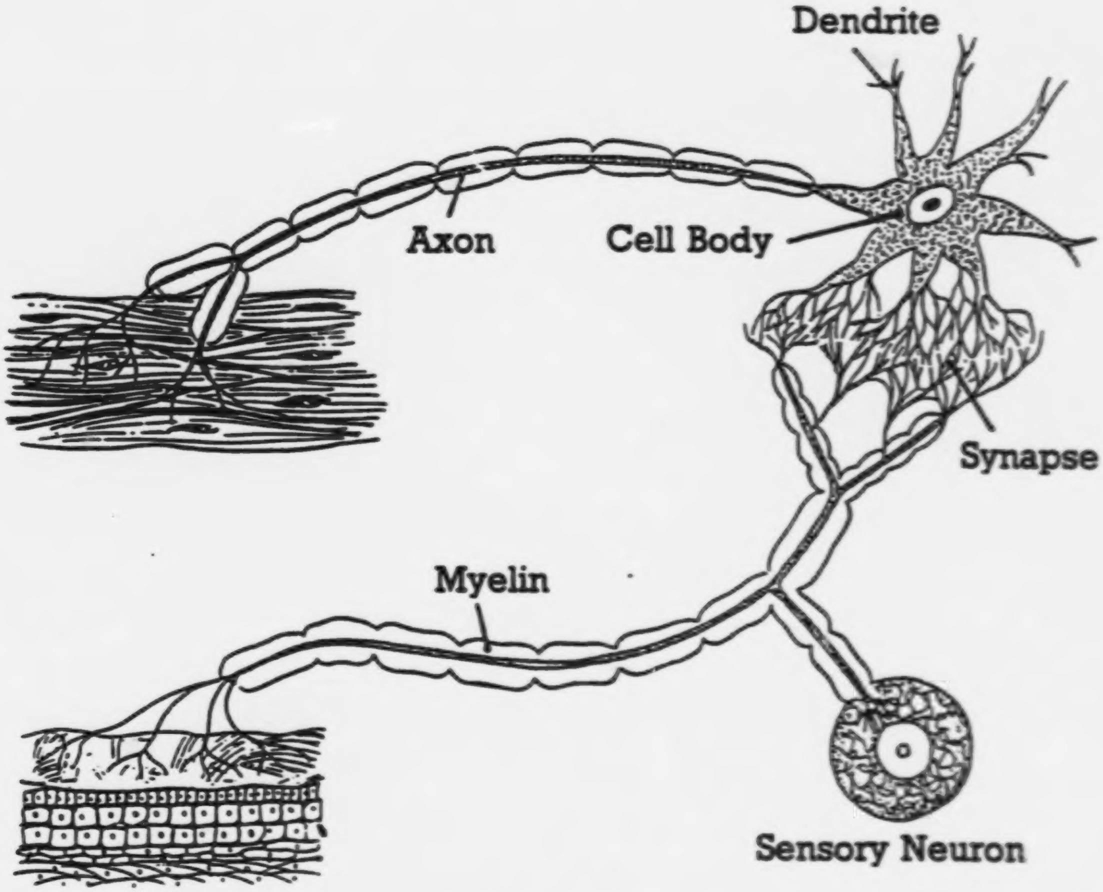
UNIT XIV: RECOGNIZING CONCEPTS OF THE NERVOUS SYSTEM

ANSWERS TO EVALUATION ITEMS:

1. a. It is able to receive stimuli.
   b. It can respond by producing nerve impulses.
   c. It can conduct and coordinate neural information to and from the brain and spinal cord.
2. Cell body, dendrites, axon, synapse
3. a. Sensory (afferent)
   b. Motor (efferent)
   c. Connecting (associative)
4. a. Central
      1. Brain
      2. Spinal cord
      3. Meninges
      4. Cerebrospinal fluid
   b. Peripheral
      1. Cranial
      2. Spinal
   c. Autonomic
      1. Sympathetic
      2. Parasympathetic
5. a. 6
   b. 7
   c. 4
   d. 3
   e. 5
   f. 2
   g. 1

6. a. Conduct impulses (stimuli)
   b. Reflex

Neuron


Dendrite
Axon
Cell Body
Synapse
Myelin
Sensory Neuron

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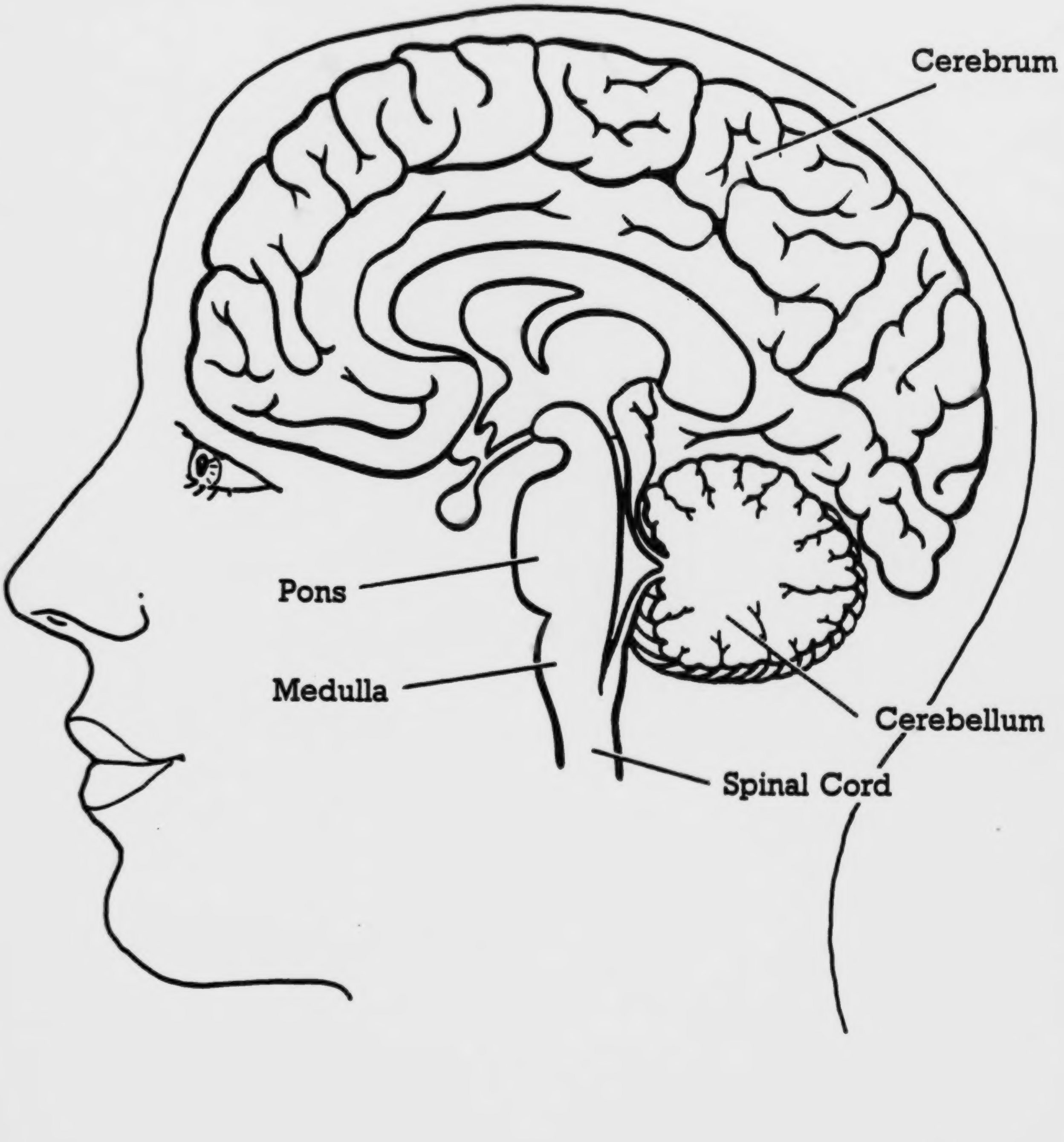
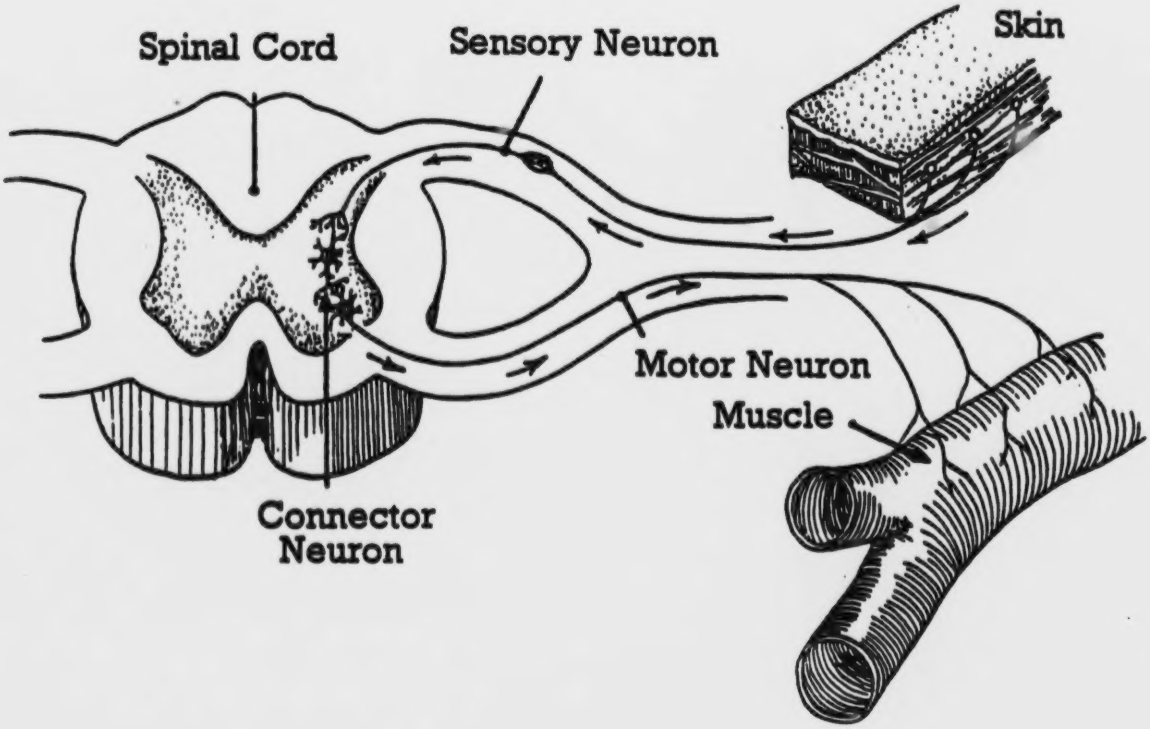
The Brain


Cerebrum
Pons
Medulla
Cerebellum
Spinal Cord

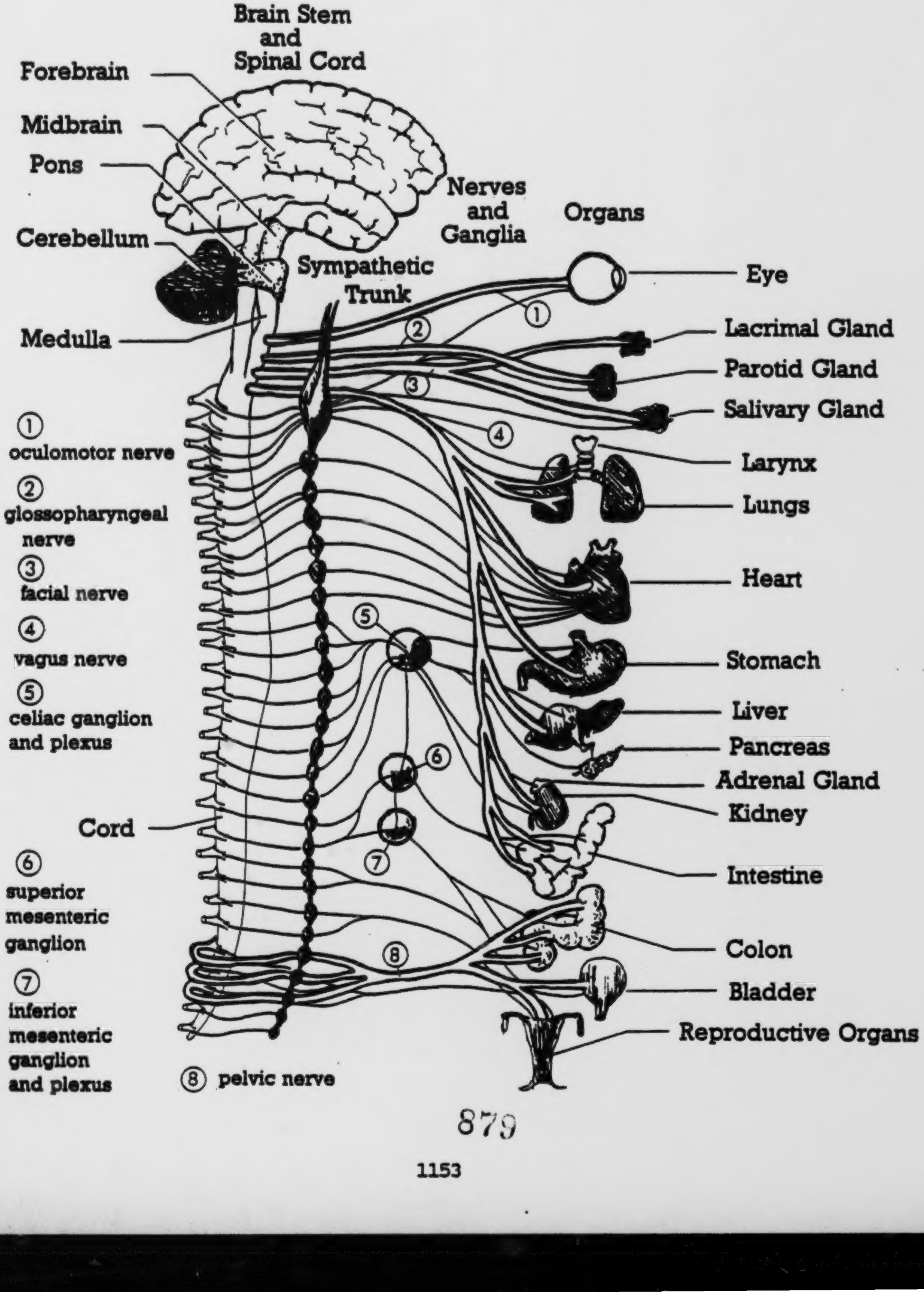
877

Reflex Arc


Spinal Cord
Sensory Neuron
Skin
Motor Neuron
Muscle
Connector
Neuron

878

The Nervous System


Brain Stem and Spinal Cord
Forebrain
Midbrain
Pons
Cerebellum
Medulla
Nerves and Ganglia
Organs
Sympathetic Trunk
Eye
Lacrimal Gland
Parotid Gland
Salivary Gland
Larynx
Lungs
Heart
Stomach
Liver
Pancreas
Adrenal Gland
Kidney
Intestine
Colon
Bladder
Reproductive Organs
Cord
① oculomotor nerve
② glossopharyngeal nerve
③ facial nerve
④ vagus nerve
⑤ celiac ganglion and plexus
⑥ superior mesenteric ganglion
⑦ inferior mesenteric ganglion and plexus
⑧ pelvic nerve

HO 5

NERVOUS SYSTEM MEDICAL TERMS AND DEFINITIONS

Cephalalgia (sef'ah-lal'je-ah) - headache

Cephalic (se-fal'ik) - pertaining to the head

Cephalocele (se-fal'o-sel) - hernial protrusion of part of the cranial contents

Cephaloplegia (sef'ah-lo-ple'je-ah) - paralysis of the head muscles

Craniectomy (kra'ne-ek'to-me) - removal or excision of a part of the skull

Craniomalacia (kra'ne-o-mak-la'she-ah) - softening of the skull

Craniotomy (kra'ne-ot'o-me) - an operation on or incision into the skull

Encephalitis (en'sef-ah-li'tis) - inflammation of the brain

Encephalogram (en-sef-ah-lo'mah) - x-ray picture of the brain

Encephaloma (en'sef-ah-lo'mah) - a brain tumor

Encephalomalacia (en-sef'ah-lo-mah-la'she-ah) - morbid softening of the brain tissue

Encephalopathic (en-sef'ah-lo-path'ik) - pertianing to a brain disease

Hyperalgesia (hi'per-al-je'ze-ah) - increased sensation to pain

Myelocele (mi'e-lo-sel) - hernial protrusion of the spinal cord

Myelogenous (mi'e-log'e-nus) - produced in the bone marrow

Myelomalacia (mi'e-lo-mah-la'she-ah) - morbid softening of the spinal cord

Myeloplegia (mi'e-lo-ple'je-ah) - paralysis of the spinal cord or spinal paralysis

Neuralgia (nu-ral'je-ah) - painful nerves, nerve pain

Neuritis (nu-ri'tis) - inflammation of a nerve

Neuroma (nu-ro'mah) - tumor composed of nerve cells

Neuropathy (nu-rop'ah-the) - any disease of the nerves

Neurosis (nu-ro'sis) - an emotional (nervous) disorder characterized by anxiety

Poliomyelitis (po'le-o-mi'e-li'tis) - inflammation of the gray matter of the spinal cord

Psychasthenia (si'kas-the'ne-ah) - a term to denote a functional personality disorder literally translated as mental weakness

Psychology (si-kol'o-je) - the branch of science that studies the mind

Psychophylaxis (si'ko-fi-lak'sis) - prevent mental illness

Psychosomatic (si'ko-so-mat'ik) - pertaining to the mind body relationship

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LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIV : RECOGNIZING CONCEPTS OF THE NERVOUS SYSTEM

SCOPE OF UNIT:

The structure and function of the nervous system are examined. The medical terms and definitions pertaining to the nervous system are included. Incorporating acceptable techniques when caring for the confused resident is the skill learned.

INFORMATION TOPIC: XIV-2 OR DEMONSTRATION:

DEALING WITH MENTAL CONFUSION
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Match terms introduced in this lesson to correct definitions.
2. Define the term confusion.
3. List two methods of identifying confused residents.
4. List three causes of confusion.
5. List two emotional or physical responses resulting from confusion.
6. List two behavioral responses resulting from confusion.
7. List two functional responses resulting from confusion.
8. Identify correct nursing approaches for the confused resident.
9. Identify correct methods of dealing with problem behaviors resulting from confusion.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Understanding Mental Confusion
2. Trainex filmstrip #479: "Start at Confusion"
3. Trainex filmstrip #480: "Turn Toward Identity"
4. Trainex filmstrip #481: "Keep Going Straight"
5. Trainex filmstrip #482: "Stay in Control"

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6. Concept Media filmstrip: "The Stroke Patient," Program III, NO. 1, "Language Disorders, Aphasia"

7. Concept Media filmstrip: "Perspectives on Aging," Program IV, "The Confused Person: Approaches to Reorientation"

INFORMATIONAL ASSIGNMENT:

REFERENCES:

American Health Care Association. Developing Aging and Human Need, An Advanced Nurse Aid Manual, AHCA, 1978, pp. 49-54.

Feil, N. The Disoriented Person in Your Life: Relating is Their Therapy (Part II). Columbia: University of Missouri Extension Publications. GH 6872

Feil, N. Validation, The Feil Method. Cleveland: Edward Feil Productions, 1982.

Gwyther, L. P. Care of Alzheimer's Patients: A Manual for Nursing Home Staff. AHCA and ADRDA, 1985.

Mace, N. L. and P. V. Robins. The 36-Hour Day. Baltimore: Johns Hopkins University Press, 1981.

Questions and Answers: Alzheimer's Disease, U. S. Dept. of Health and Human Services (1981). NIH Publication No. 8-1646.

Ringland, E. Alzheimer's Disease: From Care to Caring. Rolling Bay, WA: Health Care Press, 1984.

Wolanin, M. and L. R. Fraelich Phillips. Confusion: Prevention and Care. St. Louis: C. V. Mosby Co., 1981.

INTRODUCTION:

Confusion is when one's thoughts are mixed up. Some confusion lasts for a short time because the cause of that type of confusion can be treated. Other confusion is caused by factors that cannot be "cured" which includes Alzheimer's Disease and stroke. Residents' confusion will vary in cause and severity but, in general, they are confused in some way every day.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIV : RECOGNIZING CONCEPTS OF THE NERVOUS SYSTEM

OUTLINE: (Key Points)

I. Terms and Definitions

  A. Acute - developing rapidly with pronounced symptoms and lasting a short time*

  B. Agnosia - loss of the ability to recognize familiar objects

  C. Aphasia - loss of the ability to use or understand language*

  D. Apraxia - loss of the ability to carry out planned movement at will

  E. Catastrophic reaction - overreaction to circumstances

  F. Chronic - continuing over a long period of time or recurring frequently; chronic conditions begin insidiously and symptoms are not as noticeable as in acute conditions*

  G. Confused - state of being mixed up

  H. Dehydration - loss of body's normal water content which can affect both physical and mental functions

  I. Dementia - severe impairment of cognitive functions such as thinking, memory, and personality*

  J. Disorientation - the state of mental confusion or loss of bearings in relation to the sense of person, place or time

  K. Hallucination - sensory perceptions that seem real to the person experiencing them but are not perceived by others

  L. Paranoia - suspiciousness inappropriate to reality

  M. Sundowning - phenomena when behavior problems become worse in evening

  N. Wandering - aimless walking which may result in a resident becoming lost

* (From AGE WORDS: A Glossary on Health and Aging, NIH Publication #86-1849, January, 1986.)

II. Confusion (HO 1)

- A. Definition
    - 1. Acute confusion
    - 2. Chronic confusion
- B. Identification of those who are confused and why
    - 1. Observation
    - 2. Appropriate use of the reality orientation questionnaire

III. Causes of Confusion (II-1)

- A. Physical factors
    - 1. Disease of the central nervous system (brain)
        - (a) Senile dementia of the Alzheimer type
        - (b) Stroke
        - (c) Brain damage
    - 2. Lack of oxygen to the brain
    - 3. Fluid, electrolyte and nutrition difficulties (dehydration)
    - 4. Undetected infections (temperature elevation)
    - 5. Elimination difficulties (constipation) (II-2)
    - 6. Effects of medication
- B. Sensory/emotional factors
    - 1. Lack of stimulation or overstimulation (sensory overload)
    - 2. Misinterpretation of sensory input (either poor vision, hearing, or dementia—aphasia, agnosia (II-3)
    - 3. Depression
    - 4. Hallucinations, delusions
- C. Environmental factors
    - 1. New surroundings (adjustment)
    - 2. Isolation (decreased contact with other than confused people)

        3. Restraints
        4. Misinterpretation of the environment

IV. Effects of Confusion on Activities of Daily Living

  A. Emotional or physical responses
    1. Being suspicious
    2. Being rude, angry, insulting
    3. Being constantly restless or talkative
    4. Seeing things not there (hallucination)
    5. Hearing voices from past
    6. Reliving situations from past
    7. Not responding to anything

  B. Behavioral responses
    1. Having difficulty remembering how to do simple tasks or not finishing things started
    2. Forgetting what day it is, what time of life, who you are
    3. Losing, hiding, or misplacing things and looking all over for them
    4. Wandering or getting lost

  C. Functional responses
    1. Unable to dress self
    2. Unable to feed self
    3. Unable to bathe, shower or shave self
    4. Incontinent of bowel or bladder

V. Nursing Approaches

  A. Caregiving environment
    1. Treat resident with dignity and respect.
    2. Know the resident as an individual (his/her past, likes, and dislikes).

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3. Always introduce yourself, call the resident by name and explain what you are doing when you approach the resident.

4. Create a calm, orderly routine. (II-4)

5. Familiarize resident to surroundings as often as necessary.

6. Provide mechanical aids as needed by resident (hearing aids, glasses).

7. Provide sensory stimulation

   a. Conversation

   b. Music

   c. touch

   d. Group activity

B. Observe physical needs to maintain resident's health.

1. Observe and report changes in thinking or memory.

2. Monitor nutritional and fluid intake.

3. Observe signs of infection (in addition to an elevated temperature) and report.

C. Use appropriate measures to maintain function.

1. Orient to appropriate holidays or activities related to the nursing home or resident's life.

2. Conversation should include current interactions as well as those from past history.

3. Place familiar personal articles in room.

4. Encourage resident's participation in activities outside his/her room.

5. Encourage visits, telephone calls, letters from family, friends, visitors, other residents. (II-5)

6. Assist resident to maintain appearance that he/she can be proud of.

7. Respond to feelings, display empathy, interest.

VI. Problem Behaviors Resulting from Confusion

A. Catastrophic - overreaction, paranoia, sundowning, inappropriate sexual behavior, etc.

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B. Suggestions for coping with these behaviors

1. Identify the exact behavior to be examined or altered (separate from attitude).

2. Try to determine the cause of the behavior.

3. Plan and discuss ways to handle and react to the behavior with others involved in the resident's care. (II-6)

VII. Summary and Conclusion

A. Terms and definitions

B. Confusion

C. Causes of confusion

D. Effects of confusion on activities of daily living

E. Nursing approaches

F. Problem behaviors resulting from confusion

A confused state of mind may be very frightening and upsetting to both the resident and the caregiver. Sometimes caring for the confused person is difficult and frustrating because a "cure" is not always possible, and they can't or won't say "thank you" for your work. Although they are as vulnerable as children, they are not children and should not be treated in that way. Your care can make the difference between good days and bad days. Your victories may come in small measure--shared awareness in the moment between you and a confused resident--but recognize them as very important achievements to be proud of.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIV : RECOGNIZING CONCEPTS OF THE NERVOUS SYSTEM

INTERACTION ITEMS:

1. What may cause a resident to become confused?
2. How could elimination difficulties cause confusion?
3. In what ways could a resident misinterpret his/her environment?
4. Why is it important to maintain a calm, orderly routine?
5. Why should you encourage communication with others?
6. Why is it necessary to agree on a plan of action for dealing with problematic behavior?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Have students break into groups of four or five and role-play interactions between a confused resident and members of the health care team.
2. View filmstrips.

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LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIV: RECOGNIZING CONCEPTS OF THE NERVOUS SYSTEM

EVALUATION ITEMS:

Match the following terms to correct definitions by writing the appropriate letter in the blank.

____ 1. Agnosia

____ 2. Sundowning

____ 3. Dementia

____ 4. Apraxia

____ 5. Paranoia

____ 6. Aphasia

____ 7. Catastrophic reaction

a. Worsening of behavior problems occurs in the p.m.

b. Severe impairment of cognitive functions

c. Suspiciousness inappropriate to reality

d. Loss of ability to recognize familiar objects

e. Overreaction to circumstances

f. Loss of ability to use or understand reaction

g. Loss of ability to carry out planned movement at will

8. What is confusion?

9. What are two methods of identifying confused residents?

a.

b.

10. List three major causes of confusion in long-term care residents.

a.

b.

c.

11. List two emotional or physical responses that may result from confusion.

a.

b.

12. List two behavioral responses that may result from confusion.

a.

b.

13. List two functional responses that may result from confusion.

a.

b.

For each of the following, write "T" if the statement is true, or "F" if it is false.

____14. If you treat the resident like a child he/she will be happier.

____15. It is important to create a calm, orderly routine for the confused resident.

____16. The confused resident should not be provided with his/her hearing aid or glasses as he/she may lose them.

____17. The physical needs of the confused resident should be monitored to maximize his/her health.

____18. The confused resident should not be encouraged to participate in activities outside his/her room since it may be upsetting for him/her to be in contact with other residents.

____19. Never talk about the past with the confused resident.

____20. When dealing with problem behaviors of the confused resident it is important to coordinate handling of and reaction to the behavior with others involved in the resident's care.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIV : RECOGNIZING CONCEPTS OF THE NERVOUS SYSTEM

ANSWERS TO EVALUATION ITEMS:

1. d
2. a
3. b
4. g
5. c
6. f
7. e

8. Confusion is a state of being mixed up

9. a. Observation
   b. Appropriate use of the reality orientation questionnaire

10. a. Physical factors
    b. Sensory/emotional factors
    c. Environmental factors

11. The student may list any two of the following:
    a. Being suspicious
    b. Being rude, angry, insulting
    c. Being constantly restless or talkative
    d. Seeing things not there (hallucination)
    e. Hearing voices from past
    f. Reliving situations from past
    g. Not responding to anything

12. The student may list any two of the following:
    a. Having difficulty remembering how to do simple tasks or not finishing things started
    b. Forgetting what day it is, what time of life, who you are
    c. Losing, hiding, or misplacing things and looking all over for them
    d. Wandering or getting lost

13. The student may list any two of the following:
    a. Unable to dress self
    b. Unable to feed self
    c. Unable to bathe, shower or shave self
    d. Incontinent of bowel or bladder

14. F
15. T
16. F
17. T
18. F
19. F
20. T

HO 1

UNDERSTANDING MENTAL CONFUSION

About half of the long-term care population consists of residents who are confused, so it is important for nursing assistants to understand confusion and how to care for these residents. Although cause of confusion is important, the state of confusion looks different among individuals depending on which ability to think is deficient, i.e., memory of recent events, well-learned skills, long ago memories; loss of orientation to person, place, time; language disturbance; visual and motor problems; problem solving and judgement.

EXAMPLES: Memory - the ability to recall something that just happened may be lost but memories of childhood may be intact. Another category of memory has to do with well-learned tasks like driving, writing, dressing, and toileting. It is possible to lose just the ability to sequence the steps of an activity or the entire skill. Giving a verbal cue or demonstrating is helpful. Music is a memory that may remain intact when other skills are lost.

Orientation - to person, place and time may be lost selectively or altogether. A resident may not recognize which room is his/hers but could recognize a roommate or nurse.

Language disturbance (aphasia) - has two forms. It may be possible to produce speech and talk but not understand what someone is saying, although hearing is not affected.

Visual problems (agnosia) - when someone sees but can't figure out what the object is.

Motor problems (apraxia) - when someone wants to move as in picking up a spoon but just can't seem to do that.

The resident who experiences loss tries to compensate, may become emotionally upset, or become very frightened. There is a hierarchy of functions of the brain that is important to consider, for as the highest level becomes impaired, an individual may depend more on other levels of function. The simplest level is the autonomic function like breathing or the heartbeat of which we are hardly aware. The next level is sensory awareness as in seeing, hearing, touching, hunger, elimination, and orientation to sex. Higher up the complexity scale are instinctive behaviors which are genetically encoded like caring for others, self-defense, fear, finding shelter, etc. The most sophisticated level is abstraction and thinking which is the ability that is the most noticeable and the first to be disturbed in confused residents. As clear thinking is lost, they will depend to a greater degree on the other levels of function.

It is important for the health services assistant to realize that the resident may feel threatened and not understand what is happening in his/her environment. The health services assistant can communicate concern, acceptance, and reassurance. This can be done both verbally and nonverbally (facial expression, eye contact, body language, touch, tone of voice, etc.).

The confused person often responds to the nonverbal communication as memory and language fail. There are nursing care measures that will help to minimize the effects of confusion. The nursing goal is to maintain the resident at the highest possible functional level for the longest amount of time.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XV : RECOGNIZING CONCEPTS OF THE SENSORY SYSTEM

SCOPE OF UNIT:

The structure and function of the sensory system are examined. The medical terms and definitions pertaining to sensory system are included.

INFORMATION TOPIC: XV-1 OR DEMONSTRATION:

THE SENSORY SYSTEM
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Name the three components of the sensory mechanism.
2. List the five sense receptors and identify where they are located.
3. Label the parts of the eye.
4. Label the parts of the ear.

*5. Identify and define medical terms pertaining to the sensory system.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: The Sensory System - Organs of Taste and Smell
2. HO 2: Eye Structure - The Organ of Sight
3. HO 3: Ear Structure - The Organ of Hearing

*4. HO 4: Sensory System Medical Terms and Definitions

5. Anatomy charts
6. Anatomical model
7. State Fair Community College Media Center
    a. Slide/tape #590: "Layers and Cavities of the Eye"
    b. Slide/tape #592: "Physiology of Vision"
    c. Slide/tape #593: "External and Middle Ear"
    d. Slide/tape #594: "Anatomy and Physiology of the External and Middle Ear"

8. Cor-Rell Communications films:

   a. "Sing a Sign"
   b. "Drugs and the Nervous System"

*This objective and HO 4 are optional. The use of this material is left to the instructor's discretion.

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986.

REFERENCES:

Memmler, Ruth L. and Dena L. Wood. Structure and Function of the Human Body. Philadelphia: J. B. Lippincott Co., 1977.

Rosdahl, Caroline Bunker. Basic Nursing. 4th ed. Philadelphia: J. B. Lippincott, 1985.

Schwartz, Estelle and Lillian Potter. Foundations of Patient Care. Philadelphia: J. B. Lippincott Co., 1981.

Thomas, Virginia. Life Sciences for Nursing and Health Technologies. 2nd ed. Huntington Beach, CA: Technicourse, Inc., 1974.

INTRODUCTION:

Through the actions of the sense organs, people are made aware of themselves and the world around them. In this unit we will see how a stimulus affects a nerve structure, and the processes involved. We will pay particular attention to the eye and the ear.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XV : RECOGNIZING CONCEPTS OF THE SENSORY SYSTEM

OUTLINE: (Key Points)

I. Components of a Sensory Mechanism (II-1)
  A. Receptor (II-2)
  B. Nerve route
  C. Centers in brain

II. Classifications of Sensory Receptors (HO 1)
  A. Taste receptors - located in mouth
  B. Smell receptors - located in nose
  C. Vision receptors - located in eye
  D. Hearing and equilibrium receptors - located in ear
  E. Touch, pressure, pain receptors - located in skin

III. Eye Structure (HO 2) (II-3)
  A. Sclera
  B. Cornea
  C. Choroid coat
    1. Iris
    2. Pupil
    3. Ciliary body
  D. Lens
  E. Retina
  F. Optic nerve
  G. Accessory structures
    1. Conjunctiva
    2. Lacrimal ducts

        3. Eye muscles
        4. Cavities in the eye
            a. Anterior
            b. Posterior (II-4)

IV. Ear Structure (HO 3)
    A. External
        1. Auricle
        2. External auditory meatus
    B. Middle
        1. Ear drum
        2. Ossicles
            a. Malleus (hammer)
            b. Incus (anvil)
            c. Stapes (stirrup)
        3. Eustachian tube
    C. Inner
        1. Cochlea
        2. Auditory nerve
        3. Semicircular canals

V. Summary and Conclusion
    A. Components of a sensory mechanism
    B. Classification of sensory receptors
    C. Eye structure
    D. Ear structure

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XV : RECOGNIZING CONCEPTS OF THE SENSORY SYSTEM

INTERACTION ITEMS:

1. Thinking back to the nervous system, how does the sensory mechanism work?
2. Where are the sensory receptors located?
3. What happens when one gets an eye infection?
4. What are the two major functions of the ear?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Invite a speaker from eye bank in to discuss corneal transplants.
2. Invite a speech therapist or audiologist to speak to the class.
3. Do vision testing with Snellen chart or eye machine if available.
4. Show suggested slide/tapes or films.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XV : RECOGNIZING CONCEPTS OF THE SENSORY SYSTEM

EVALUATION ITEMS:

1. The three components of the sensory mechanism are:

   a.

   b.

   c.

2. List the five sense receptors and identify where they are located.

   a.

   b.

   c.

   d.

   d.

3. Label the parts of the eye by placing the number that labels the eye part in the diagram in the blank next to the corresponding term.

   ____ a. Sclerotic coat

   ____ b. Retina

   ____ c. Choroid coat

   ____ d. Fovea

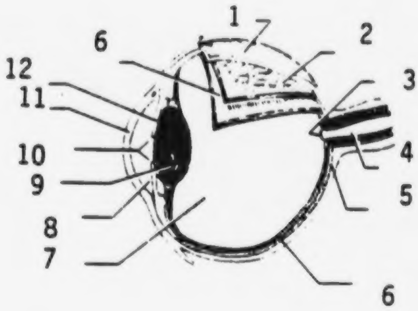
   ____ e. Vitreous humor

   ____ f. Iris

   ____ g. Optic nerve

   ____ h. Cornea

   ____ i. Blindspot



____ j. Aqueous humor

____ k. Pupil

____ l. Lens

4. Label the parts of the ear by placing the number that labels the ear part in the diagram in the blank next to the corresponding term.

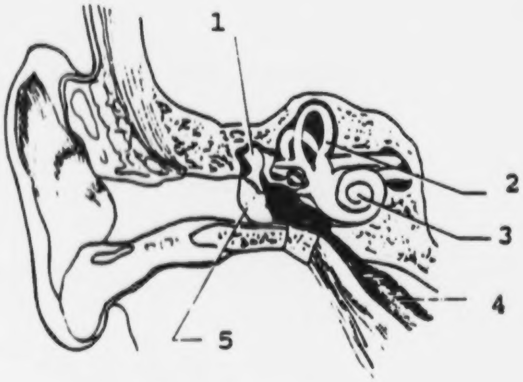
____ a. Semicircular canals

____ b. Ear bones

____ c. Cochlea

____ d. Ear drum

____ e. Eustachian tube



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LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XV : RECOGNIZING CONCEPTS OF THE SENSORY SYSTEM

ANSWERS TO EVALUATION ITEMS:

1. a. Receptor
   b. Nerve route
   c. Centers in the brain

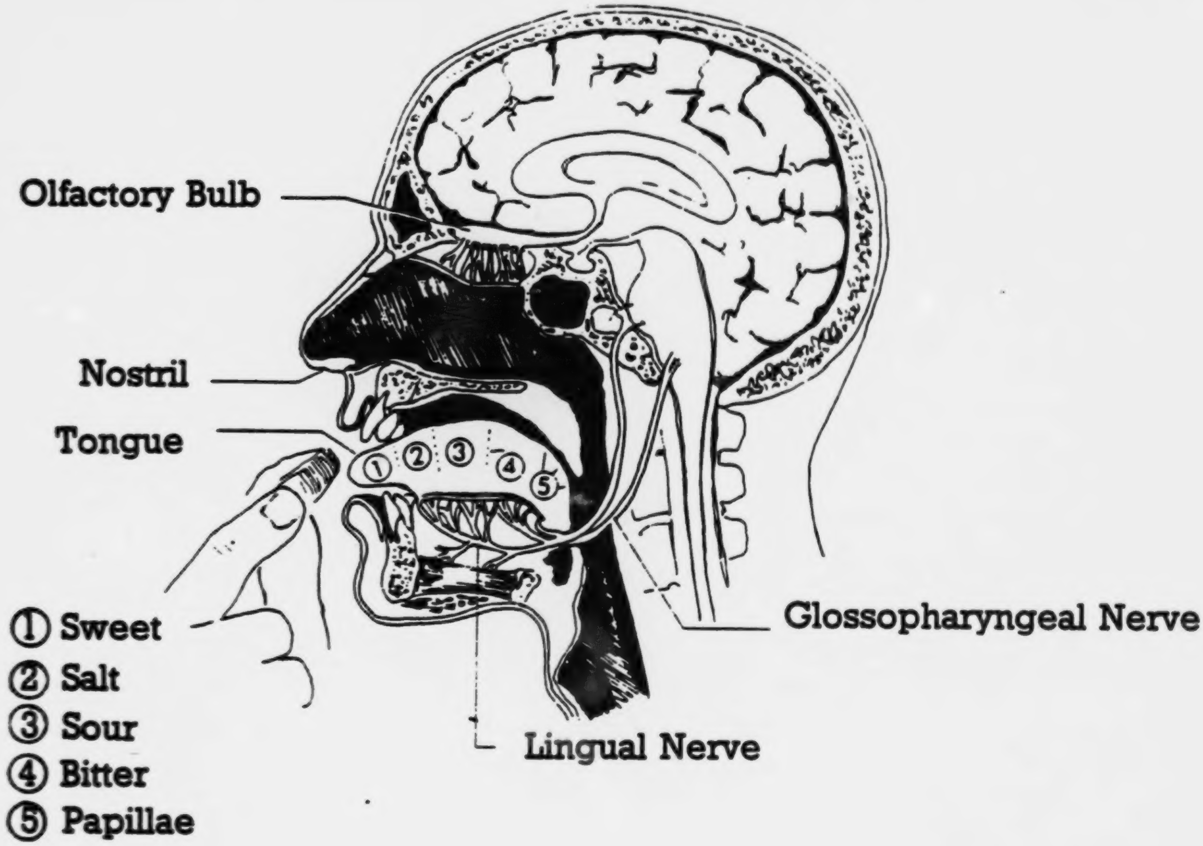
2. a. Touch - skin, finger tips, etc.
   b. Smell - nose
   c. Taste - tongue
   d. Vision - eye
   e. Hearing - ear

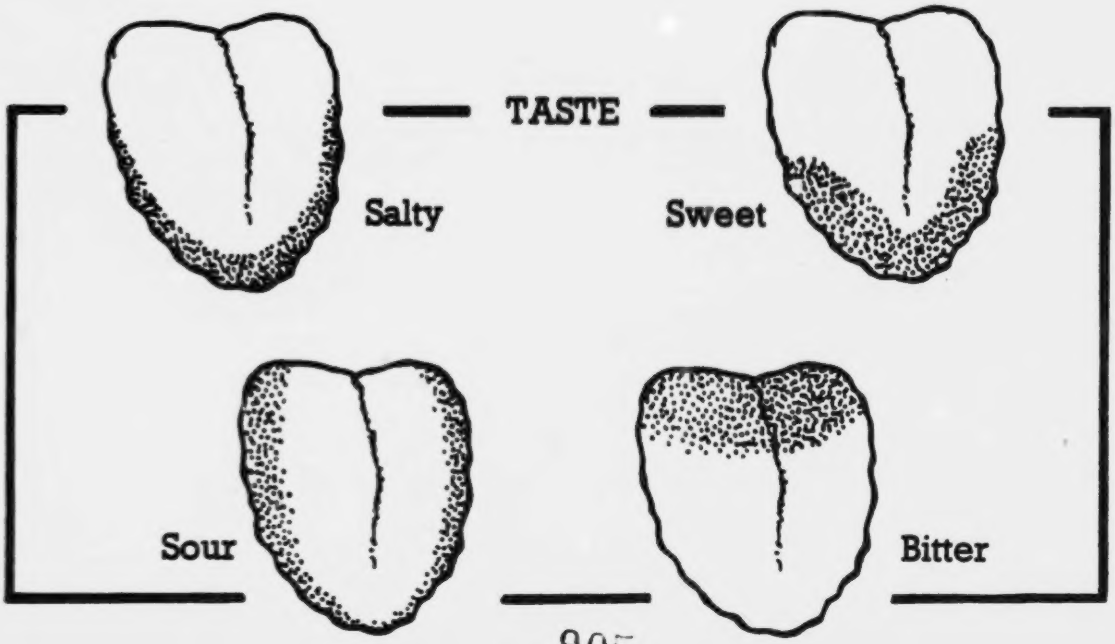
3. a. 1
   b. 6
   c. 2
   d. 5
   e. 7
   f. 12
   g. 4
   h. 11
   i. 3
   j. 8
   k. 10
   l. 9

4. a. 2
   b. 1
   c. 3
   d. 5
   e. 4

HO 1

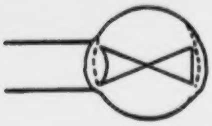
The Sensory System - Organs of Taste and Smell


Olfactory Bulb
Nostril
Tongue
① ② ③ ④ ⑤
Glossopharyngeal Nerve
Lingual Nerve
① Sweet
② Salt
③ Sour
④ Bitter
⑤ Papillae

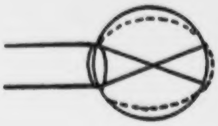

TASTE
Salty
Sweet
Sour
Bitter

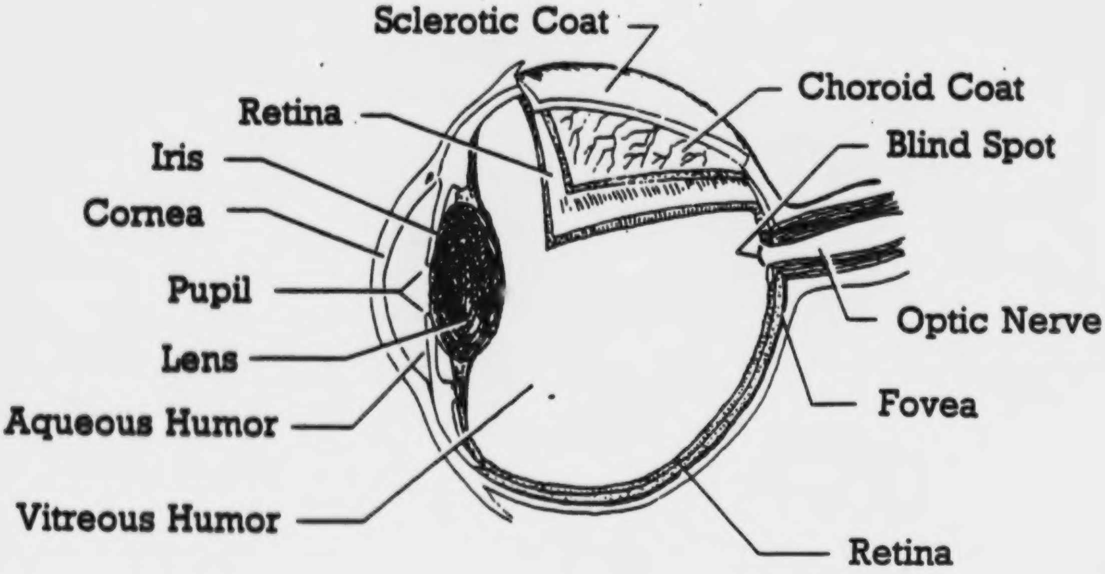
Eye Structure - The Organ of Sight

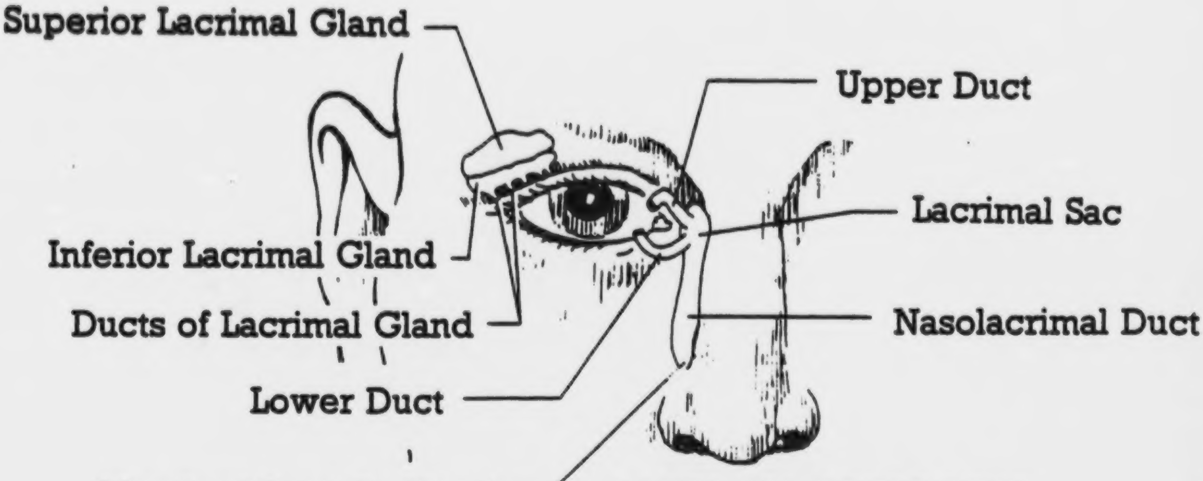
Near Sighted



Far Sighted

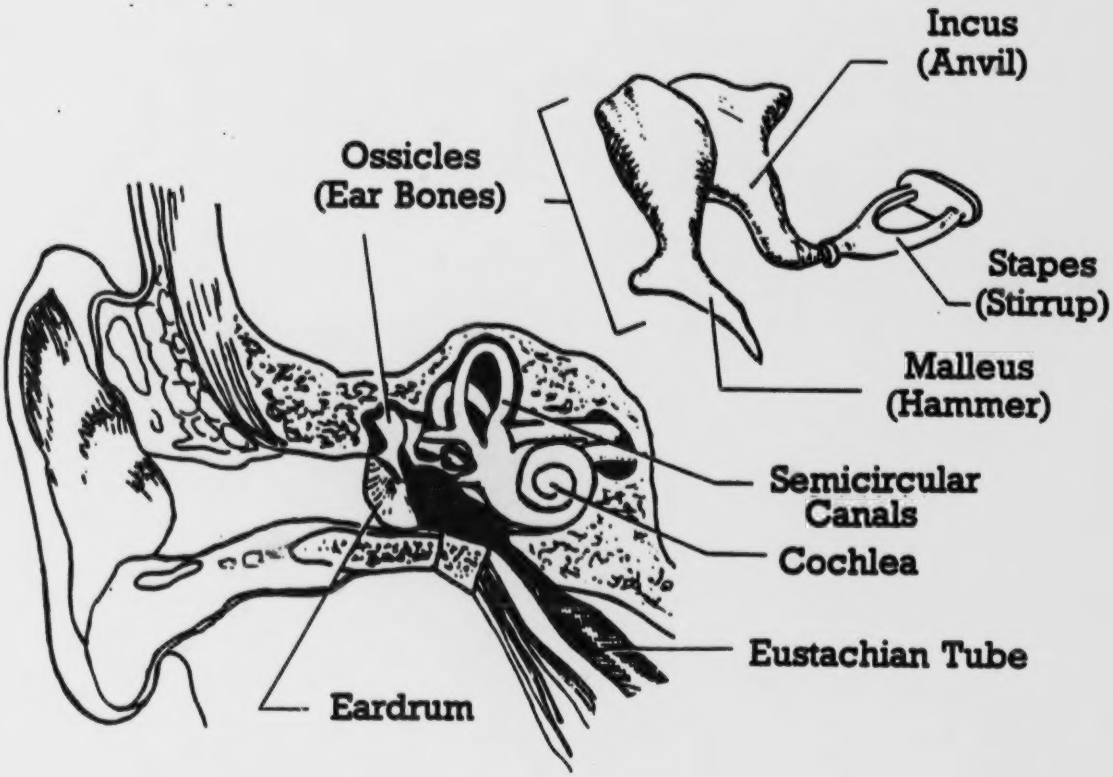



Sclerotic Coat
Retina
Iris
Cornea
Pupil
Lens
Aqueous Humor
Vitreous Humor
Choroid Coat
Blind Spot
Optic Nerve
Fovea
Retina


Superior Lacrimal Gland
Upper Duct
Lacrimal Sac
Inferior Lacrimal Gland
Ducts of Lacrimal Gland
Nasolacrimal Duct
Lower Duct
Mouth of Duct (In Nose)

LACRIMAL APPARATUS

Ear Structure - The Organ of Hearing


Incus
(Anvil)
Ossicles
(Ear Bones)
Stapes
(Stirrup)
Malleus
(Hammer)
Semicircular
Canals
Cochlea
Eustachian Tube
Eardrum

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HO 4

SENSORY SYSTEM MEDICAL TERMS AND DEFINITIONS

Analgesic (an'al-jez'ik) - pertaining to the giving of a medicine to remove or relieve pain

Arthralgia (ar-thral'je-ah) - painful joints

Blepharitis (blef'ah-ri'tis) - inflammation of the eyelid

Blepharoplasty (blef'ah-ro-plas'te) - plastic surgery on the eyelid

Blepharoptosis (blef'ar-of-to'sis) - drooping of the eyelid

Blepharorrhaphy (blef'ah-ror'ah-fe) - surgical repair or suture of the eyelid

Costalgia (kos-tal'je-ah) - rib pain

Dacryoadenitis (dak're-o-ad'e-ni-tis) - inflammation of the lacrimal (tear) gland

Dacryocyst (dak're-o-sist') - a lacrimal or tear sac

Dacryolithiasis (dak're-o-li-thi'ah-sis) - a stone or concretion in a lacrimal gland or duct

Dacryostenosis (dak're-o-ste-no'sis) - narrowing of the lacrimal (tear) duct

Iridectasis (ir'i-dek'tah-sis) - dilation of the iris

Iridomalacia (ir'i-do-mah-la'she-ah) - softening of the iris

Iridoplegia (ir'i-do-ple'je-ah) - paralysis of the iris

Iridotomy (ir'i-dot'o-me) - incision into the iris

Iritis (i-ri'tis) - inflammation of the iris

Keratocele (ker'ah-to-i-ri'tis) - herniation of a part of the cornea

Keratocentesis (ker'ah-to-sen-te'sis) - surgical puncture of the cornea

Keratoiritis (ker'ah-to-i-ri'tis) - inflammation of the cornea and iris

Keratomycosis (ker'ah-to-mi-ko'sis) - fungus disease of the cornea

Keratoplasty (ker'ah-to-plas'te) - plastic surgery on the cornea

Nasal (na'zal) - pertaining to the nose

Nasoscope (na'zo-skop) - a lighted instrument to examine the nose

Nasoseptal (na'zo-sept'tal) - pertaining to the nasal septum

Opthalmology (of'thal-mol'o-je) - study or science of what is known of the eye and its structure

Opthalmomalacia (of-thal'mo-mah-la'she-ah) - abnormal softness of the eye or eyeball

Ophthalmometer (of'thal-mom'e-ter) - an instrument for measuring the eye

Ophthalmoplegia (of-thal'mo-ple'je-ah) - paralysis of the eye muscle

Ophthalmoscope (of-thal'mo-skop) - an instrument to examine the eye

Otalgia (o-tal'je-ah) - earache or ear pain

Otitis (o-ti'tis) - inflammation of the ear

Otologist (o-tol'o-jist) - specialist in treating ear disorders

Otorrhea (o'to-re'ah) - a discharge from the ear

Pachyblepharon (pak'e-blef'ah-ron) - thickening of the eyelid

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XVI : RECOGNIZING CONCEPTS OF THE URINARY SYSTEM

SCOPE OF UNIT:

The structure and function of the urinary system are examined. The medical terms and definitions pertaining to the urinary system are included. Skills learned are: give and remove urinal; give catheter care; assisting resident to bathroom; cleaning the incontinent resident.

INFORMATION TOPIC: XV-1 OR DEMONSTRATION:

URINARY SYSTEM
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Label the organs of the urinary system.
2. List three functions of the urinary system.
3. Label the parts of the kidney.
4. List the functions of the ureters.
5. List the functions of the bladder.
6. List the functions of the urethra.
7. Identify normal and abnormal substances in urine.
*8. Identify and define medical terminology associated with the urinary system.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: The Urinary System
2. HO 2: Cross Section of a Kidney
3. HO 3: Nephron
*4. HO 4: Urinary System Medical Terms and Definitions

5. State Fair Community College Media Center

   a. Slide/tape: "Anatomical Overview: Kidneys, Ureter, Urinary Bladder, and Urethra"

   b. Slide/tape #515: "Characteristics of Urine"

6. Eli Lilly Co., film: "Kidney Function in Health"

*This objective and HO 4 are optional. The use of this material is left to the instructor's discretion.

INFORMATIONAL ASSIGNMENT:

Rosdahl, Caroline Bunker. Basic Nursing. 4th ed. Philadelphia: J. B. Lippincott, 1985.

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986.

REFERENCES:

Memmler, Ruth L. and Dena L. Wood. Structure and Function of the Human Body. Philadelphia: J. B. Lippincott Co., 1977.

Rosdahl, Caroli Bunker. Basic Nursing. 4th ed. Philadelphia: J. B. Lippincott, 1985.

Schwartz, Estelle and Lillian Potter. Foundations of Patient Care. Philadelphia: J. B. Lippincott Co., 1981.

Thomas, Virginia. Life Sciences for Nursing and Health Technologies. 2nd ed. Huntington Beach, CA: Technicourse, Inc., 1974.

INTRODUCTION:

In this unit we will study the structure and function of the urinary system. The study of the urinary system is called urology. A physician who specializes in this field is called a urologist. The function of the urinary system is to excrete the waste products of water, urine, and salts from the body.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XVI : RECOGNIZING CONCEPTS OF THE URINARY SYSTEM

OUTLINE: (Key Points)

- I. Organs of the Urinary System (HO 1)
  - A. Kidneys (II-2)
  - B. Ureters
  - C. Bladder
  - D. Urethra
- II. Functions of the Urinary System
  - A. Produces urine
  - B. Remove excess materials in bloodstream
  - C. Maintains homeostasis
- III. Kidney Structure and Location (HO 2 and 3) (II-1)
  - A. Gross
    - 1. Cortex
    - 2. Medulla
    - 3. Renal pelvis
    - 4. Ureter (II-2)
  - B. Microscopic
    - 1. Glomerulus
    - 2. Convoluted tubule
    - 3. Collecting tubule
- IV. Ureters - carry urine from kidney to bladder (II-3)
- V. Bladder
  - A. Function
    - 1. Stores urine

        2. Expels urine to outside
    B. Nerve supply
        1. Sympathetic nerves
        2. Parasympathetic nerves

VI. Urethra

    A. Structure and location (II-4)
        1. Female - 1 1/2" long
        2. Male - 8" long, passes through prostate gland
    B. Function
        1. Female - passageway for urine only
        2. Male - passageway for urine and sperm

VII. Urine

    A. Normal findings - acid, H_2O - 95%, nitrogenous waste products (urea), excess minerals (sodium, potassium, calcium, etc.), toxins, hormones, yellow pigment (II-5)
    B. Abnormal findings - blood, glucose, pus, casts, albumin

VIII. Summary and Conclusion

    A. Organs of urinary system
    B. Functions of the urinary system
    C. Kidney structure and location
    D. Ureters
    E. Bladder
    F. Urethra
    G. Urine

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LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XVI : RECOGNIZING CONCEPTS OF THE URINARY SYSTEM

INTERACTION ITEMS:

1. Where is your kidney located?
2. What are the functions of the microscopic structure of the kidney?
3. How do the ureters, urinary bladder, and the urethra interrelate?
4. How does the nerve supply affect the bladder?
5. How does the male urethra differ from the female?
6. What are some normal constituents of urine? Abnormal?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. If possible, visit a dialysis unit.
2. On an anatomical model, name and locate the organs of urinary system.
3. Assign reports or panel discussions on diseases of the urinary system and/or progress made to help patients.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XVI : RECOGNIZING CONCEPTS OF THE URINARY SYSTEM

EVALUATION ITEMS:

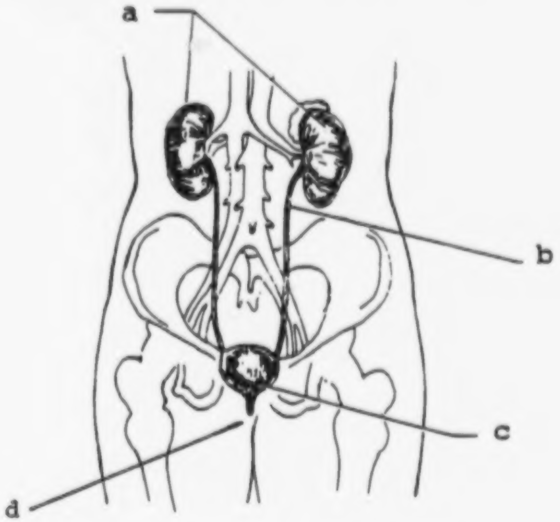
1. Label the parts of the urinary system indicated on the diagram below.

   a.

   b.

   c.

   d.



2. List three functions of the urinary system.

   a.

   b.

   c.

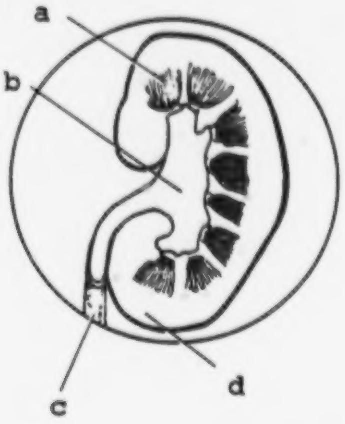
3. Label the parts of the kidney shown on the diagram.

a.

b.

c.

d.



4. List the function of the ureters.

5. List the functions of the bladder.

a.

b.

6. List the functions of the urethra.

a.

b.

7. Write "A" before substances which are abnormal in urine. Write "N" before those substances which are normal constituents of urine.

____ a. Glucose

____ b. Water

____ c. Urea

____ d. Blood

____ e. Toxins

____ f. Pus

____ g. Salt

____ h. Albumin

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XVI : RECOGNIZING CONCEPTS OF THE URINARY SYSTEM

ANSWERS TO EVALUATION ITEMS:

1. a. Kidneys
   b. Ureter
   c. Bladder
   d. Urethra

2. a. Produces urine
   b. Removes excess materials in blood stream
   c. Maintains homeostasis

3. a. Medulla
   b. Renal pelvis
   c. Ureter
   d. Cortex

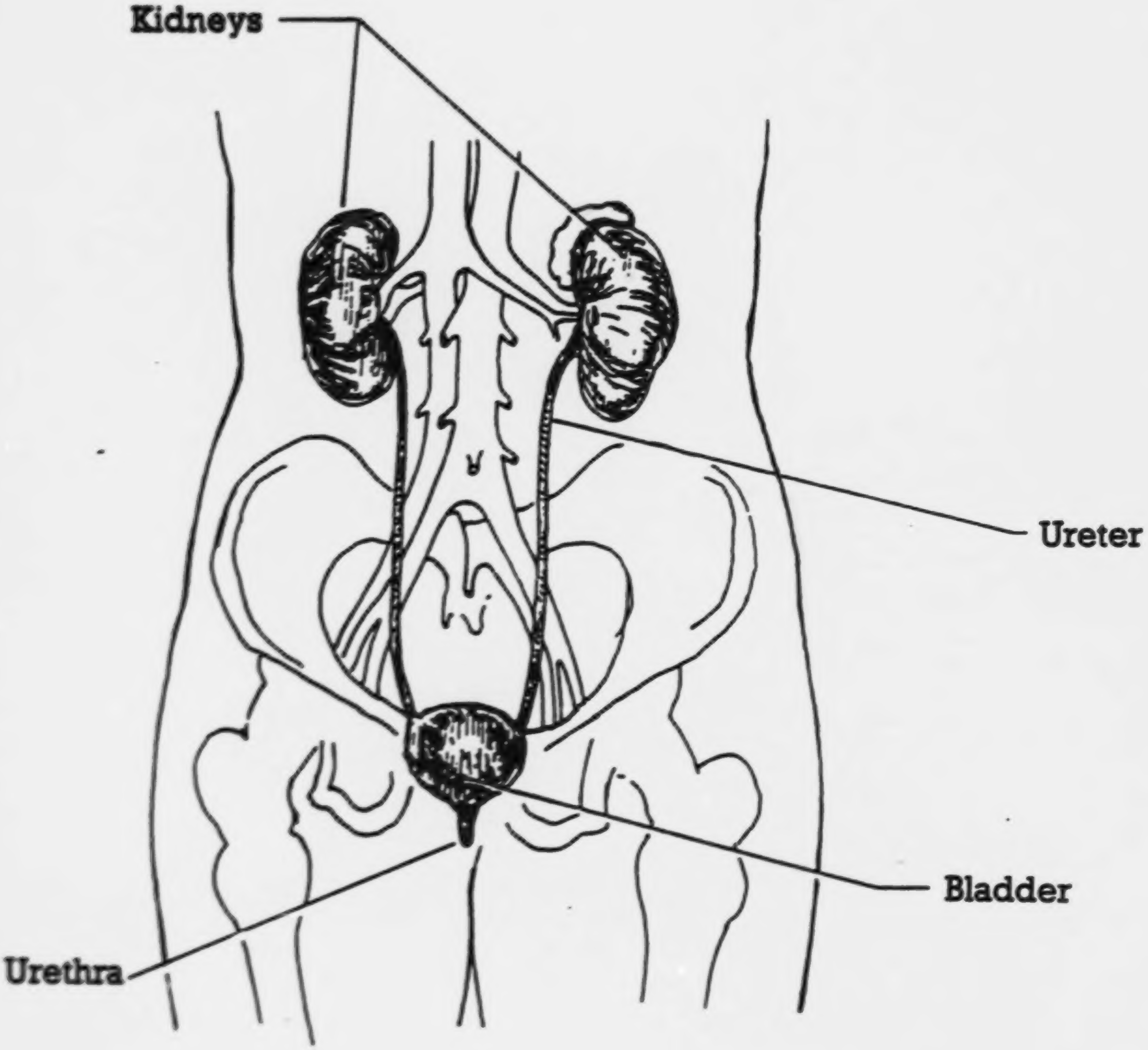
4. Carry urine from kidney to bladder

5. a. Stores urine
   b. Expels urine to outside

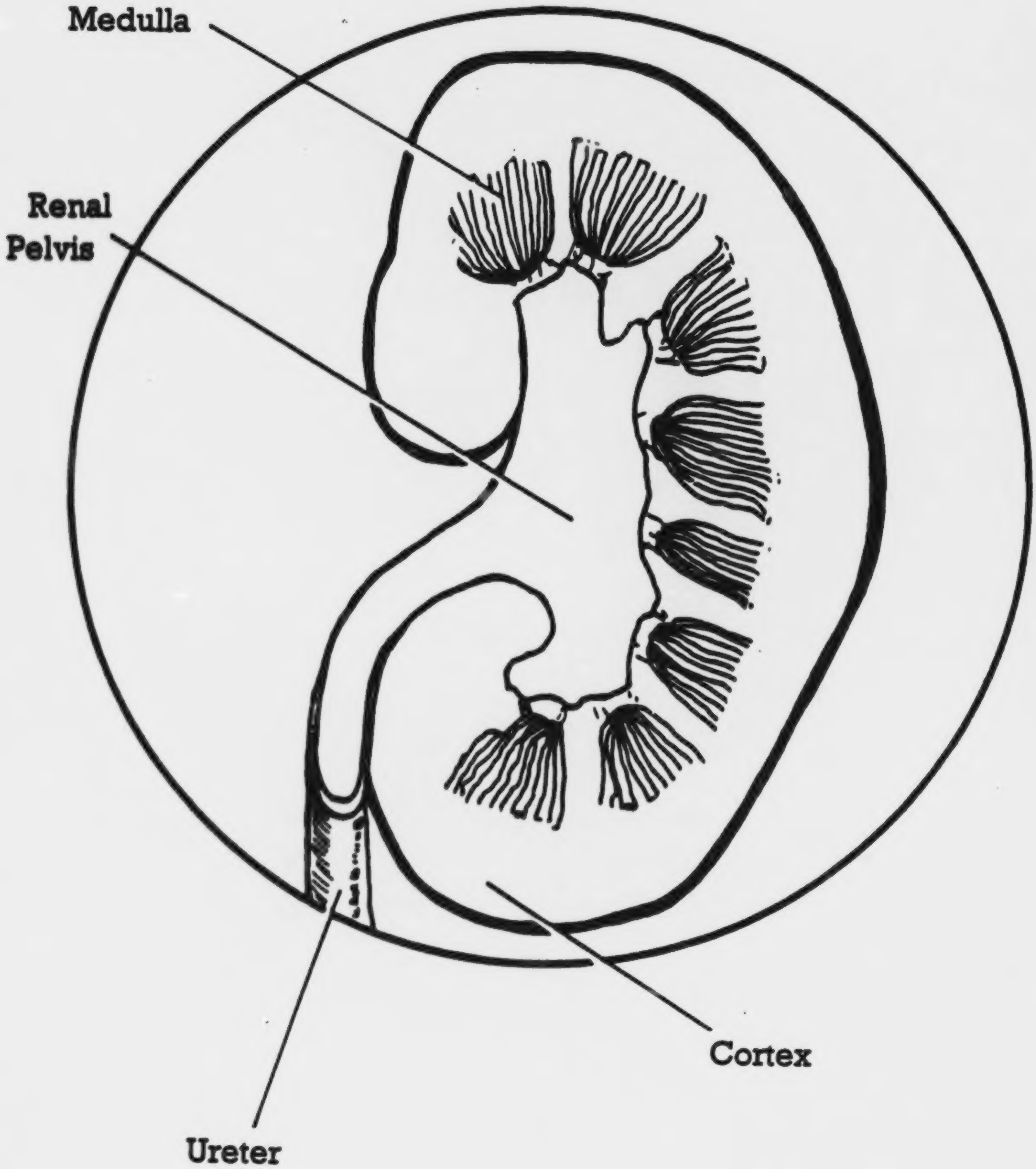
6. a. Passageway for urine
   b. In male, also passageway for sperm

7. a. A
   b. N
   c. N
   d. A
   e. N
   f. A
   g. N
   h. A

The Urinary System

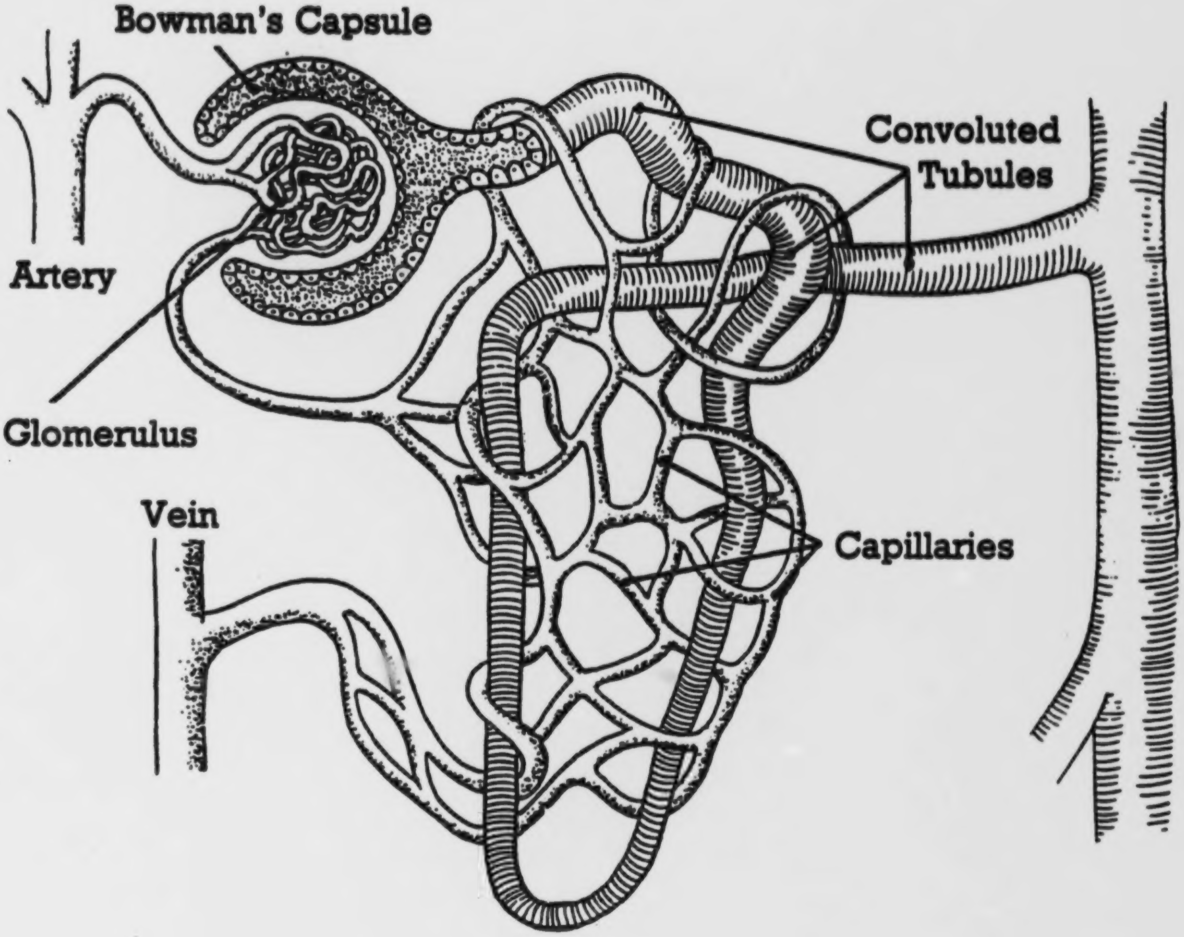

Kidneys
Ureter
Bladder
Urethra

Cross-Section of a Kidney


Medulla
Renal Pelvis
Cortex
Ureter

920

Nephron


Bowman's Capsule
Convoluted Tubules
Artery
Glomerulus
Vein
Capillaries

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HD 4

URINARY SYSTEM MEDICAL TERMS AND DEFINITIONS

Albuminuria (al'bu-mi-nu're-ah) - presence of serum albumin in the urine

Hematuria (hem'ah-tu-re-ah) - presence of blood in the urine

Melanuria (mel'an-u're-ah) - black or dark discoloration of the urine

Nephritis (ne-fri'tis) - inflammation of the kidney

Nephrolithiasis (neph'ro-li-thi'ah-sis) - kidney stones

Nephropathy (ne-frop'ah-the) - any kidney disease

Nephroptosis (nef'rop-to'sis) - downward displacement of the kidney

Nocturia (nok-tu're-ah) - Excessive urination at night

Pyelectasis (pi'e-lek'tah-sis) - dilatation of the kidney pelvis

Pyelitis (pi'e-li'tis) - inflammation of the pelvis of the kidney

Pyeloscopy (pi'e-los'ko-pe) - examination or observation of the kidney pelvis via a fluoroscope

Pyelotomy (pi'e-lot'o-me) - incision into the pelvis of the kidney

Pyuria (pi-u're-ah) - the presence of pus in the urine

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XVI : RECOGNIZING CONCEPTS OF THE URINARY SYSTEM

SCOPE OF UNIT:

The structure and function of the urinary system are examined. The medical terms and definitions pertaining to the urinary system are included. Skills learned are: give and remove urinal; give catheter care; assisting resident to bathroom; cleaning the incontinent resident.

INFORMATION TOPIC: OR DEMONSTRATION: XVI-2

GIVE AND REMOVE URINAL
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Demonstrate how to place and remove a urinal according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Urinal
2. Urinal and cover

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. *Being a Nursing Assistant*. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 153-157.

REFERENCES:

Fouts, Janet and Lynn Mullen. *Nursing Assistant Training Manual*. Beaverton, OR: Medi Form Printers and Publishers, Inc., 1984, pp. 174-176.

Johnson-Pawlson, Jean and Marsha Goodwin. *How to Be a Nurse's Aide in a Nursing Home*. Washington, DC: American Health Care Association, 1985. pp. 128-129.

McClelland, Sharon and Geraldine Kaspar. *A Clinical Manual for Nursing Assistants*. Monterey, CA: Wadsworth Health Sciences Division, 1985, pp. 186-187.

Schniedman, Rose and Susan Lambert. *Being a Nursing Assistant*. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 153-157.

INTRODUCTION:

Residents who are unable to get out of bed to use a portable bedside commode or go to the bathroom toilet, must use a urinal or bedpan. The urinal is a container in which the male resident urinates. The female resident must use a bedpan for urination and defecation. Remember how important it is to keep this equipment clean to prevent the spread of infection, and that it is to be used only by the resident to whom it belongs. Always empty urinals/bedpans into toilets or hoppers—never into a sink. You may need to review the procedure for giving and removing a bedpan. This information is found in Unit XI, Lesson 2.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XVI : RECOGNIZING CONCEPTS OF THE URINARY SYSTEM

STEPS OF PROCEDURE:

Give and Remove Urinal

A. Steps beginning procedure

1. Wash your hands.
2. Assemble necessary equipment.
3. Identify and greet resident. Identify self.
4. Explain what you are going to do.
5. Provide privacy.

B. Urinal procedure

6. Turn back top bedding, except for top sheet. Expose the peri area.
7. Place the resident's penis in the urinal and lay the urinal between his legs.
8. Make sure urinal is placed at an angle to keep urine from spilling out. Flat edge should be lying on bed (HO 1).
9. Wash your hands.
10. Place signal cord within reach and leave the room.
11. Return to room promptly when resident signals.
12. Remove and cover urinal and take to the bathroom.

C. Steps ending procedure

13. Measure urine if on I&O and empty into toilet.
14. Clean and store equipment.
15. Wash your hands.
16. Give resident a wet washcloth to wash his hands. Make resident comfortable and place signal cord within reach.
17. Record observations.

NOTE: Report anything unusual to charge nurse.

SUMMARY AND CONCLUSION:

1. Ask interaction items.
2. Review steps of procedure.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XVI : RECOGNIZING CONCEPTS OF THE URINARY SYSTEM

INTERACTION ITEMS:

1. How should the urinal be placed?
2. How do you clean the urinal?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Instructor demonstrates how to place a urinal for a resident using a mannequin.
2. Students practice giving a urinal to mannequin.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XVI : RECOGNIZING CONCEPTS OF THE URINARY SYSTEM

EVALUATION ITEMS:

NAME OF STUDENT ____________________

GIVE AND REMOVE URINAL

EQUIPMENT:

1. Urinal and cover

DID THE STUDENT	YES	NO
Give and Removal Urinal A. Steps beginning procedure 1. Wash hands.		
2. Assemble necessary equipment.		
3. Identify and greet resident. Identify self.		
4. Explain procedure to resident.		
5. Provide privacy.		
B. Urinal procedure 6. Turn back top bedding, except for top sheet. Expose the peri area.		
7. Place the resident's penis in the urinal and lay the urinal between his legs.		
8. Make sure urinal is placed at an angle. Flat edge should be lying on bed.		
9. Wash hands.		
10. Place signal cord within reach and leave the room.		

	YES	NO
11. Return to room promptly when resident signals.		
12. Remove and cover urinal and take to the bathroom.		
C. Steps ending procedure		
13. Measure urine if on I&O and empty into toilet.		
14. Clean and store equipment.		
15. Wash hands.		
16. Give resident a wet washcloth to wash his hands. Make resident comfortable and place signal cord within reach.		
17. Record observations and report anything unusual to charge nurse.		

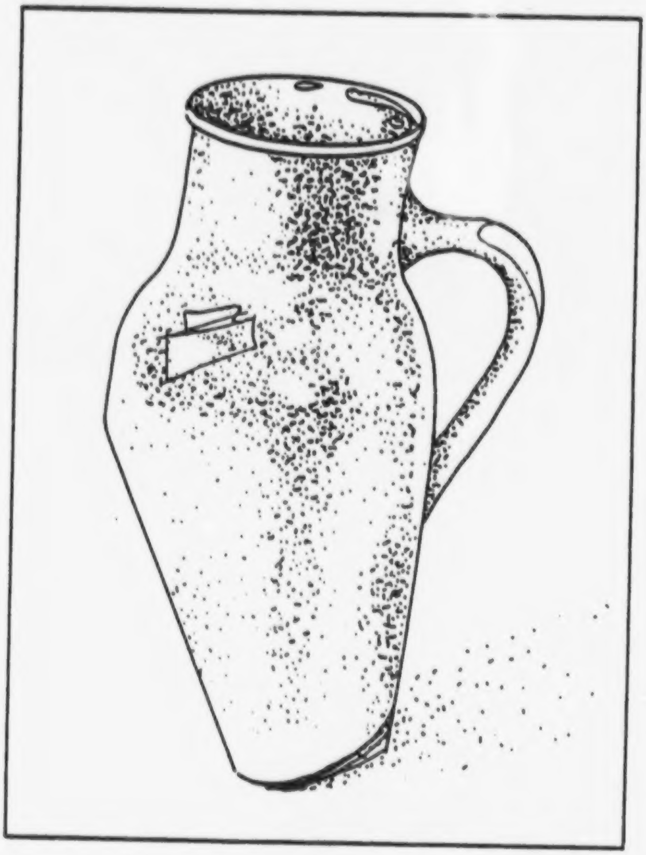
The student has satisfactorily completed the procedure "GIVE AND REMOVE URINAL AND BEDPAN" according to the steps outlined.

Instructor's/Charge Personnel's Signature
(Verifying Satisfactory Completion)

Date

Urinal

Urinal



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LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XVI : RECOGNIZING CONCEPTS OF THE URINARY SYSTEM

SCOPE OF UNIT:

The structure and function of the urinary system is examined. The medical terms and definitions pertaining to the urinary system are included. Skills learned are: give and remove urinal; give catheter care; assisting resident to bathroom; cleaning the incontinent resident.

INFORMATION TOPIC: OR DEMONSTRATION XVI-3

CATHETER CARE
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Demonstrate how to give catheter care according to the steps of procedure.
2. Demonstrate how to change a drainage bag according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Chase doll
2. Basin - 1/2 full of warm water
3. Washcloths (2)
4. Mild soap
5. Disposable or reusable bed protector
6. Towel
7. Bath blanket
8. Trainex film: Urinary Care

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 286-288.

REFERENCES:

Fouts, Janet and Lynn Mullen. Nursing Assistant Training Manual. Beaverton, OR: Medi Form Printers and Publishers, Inc., 1984, pp. 171-173.

Johnson-Pawlson, Jean and Marsha Goodwin. How to Be a Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1985. pp. 239-240.

McClelland, Sharon and Geraldine Kaspar. A Clinical Manual for Nursing Assistants. Monterey, CA: Wadsworth Health Sciences Division, 1985, pp. 187-188.

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 286-288.

INTRODUCTION:

When taking care of residents with catheters keep in mind the basic principles of gravity and infection control. It is the health services assistant's responsibility to check the catheter to see that it is draining properly, to keep the perineal area clean, to note changes in the urine, and to empty the drainage bag. All of these things are part of catheter care. This lesson will cover daily care of the catheter and perineal area and the procedure for changing the drainage bag or applying a leg bag which is more comfortable for the ambulatory resident.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XVI : RECOGNIZING CONCEPTS OF THE URINARY SYSTEM

STEPS OF PROCEDURE:

Catheter Care

A. Steps beginning procedure

1. Wash your hands.
2. Assemble necessary equipment.
3. Identify and greet resident. Identify self.
4. Explain what you are going to do.
5. Provide privacy.

B. Catheter care procedure

6. Resident should be in supine position with legs apart; place bed protector under buttocks.
7. Cover resident with bath blanket, then remove top sheet.
8. Check catheter and drainage bag for leaks, kinks, level of bag, character of urine, and that it is securely attached to bed frame.
9. Expose the perineal area.
   a. Separate the labia of the female resident and gently wash around the opening of the urethra with soap and warm water.

      NOTE: Use disposable gloves if resident is badly soiled or infection is present.

   b. Gently pull back the foreskin of the male resident and gently wash around the opening of the urethra with soap and warm water.
10. Wash the catheter tubing from the opening of the urethra outward four inches. Do not pull on the catheter.
11. Using a fresh washcloth continue washing, rinsing, and drying the perineal area (follow procedure in Unit VIII, Lesson Plan 4, Perineal Care, IV. B., steps 6-13 for the male resident and V. B., steps 6-15 for the female resident.)
12. Remove bed protector and bath blanket.

C. Steps ending procedure

13. Remove, clean, and store equipment.

14. Wash your hands.

15. Make the resident comfortable; place call signal within reach.

16. Record observations.

NOTE: Report anything unusual to the charge nurse.

Changing the Drainage Bag

A. Steps beginning procedure

1-5. See steps 1-5 of catheter care procedure.

B. Changing the bag procedure

6. If applying a reusable leg bag, swab the end to be connected with alcohol and place on sterile gauze/in alcohol packet. Do not allow it to touch anything considered unsterile.

7. Crimp with your fingers or clamp the catheter tubing so urine does not flow.

8. Disconnect catheter tubing from drainage bag. Apply cap over end of tubing if reusing that drainage bag.

9. Connect leg bag to the catheter.

10. Unclamp catheter. Check to see that urine is flowing (may take a few minutes).

11. If placing a leg bag or applying new tape, allow enough slack so there is no pull on the catheter.

12. If drainage bag is to be reapplied later, remove the cap, swab the end with alcohol, and replace cap.

C. Steps ending procedure

13-16. See steps 13-16 of catheter care procedure.

SUMMARY AND CONCLUSION:

1. Ask interaction items.

2. Review steps of procedures.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XVI : RECOGNIZING CONCEPTS OF THE URINARY SYSTEM

INTERACTION ITEMS:

1. What kind of things do you always check the catheter and drainage system for?
2. What part of the body do you wash first when doing catheter care?
3. How many inches of the catheter tubing outward is cleaned?
4. Why would a resident want to use a leg bag?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Instructor demonstrates catheter care and application of new bag or leg bag.
2. Students practice catheter care and application of new bag or leg bag.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XVI : RECOGNIZING CONCEPTS OF THE URINARY SYSTEM

EVALUATION ITEMS:

NAME OF STUDENT ____________

MATERIALS:

1. Chase doll
2. Basin - 1/2 full of warm water
3. Washcloths (2)
4. Mild soap
5. Disposable or reusable bed protector
6. Towel
7. Bath blanket

CATHETER CARE

DID THE STUDENT	YES	NO
Catheter Care A. Steps beginning procedure 1. Wash hands.		
2. Assemble necessary equipment.		
3. Identify and greet resident. Identify self.		
4. Explain the procedure to the resident.		
5. Provide privacy.		
B. Catheter care procedure 6. Resident should be in supine position with legs apart; place bed protector under buttocks.		
7. Cover resident with bath blanket, then remove top sheet.		
8. Check catheter and drainage bag for leaks, kinks, level of bag, character of urine, and that it is securely attached to bed frame.		

	YES	NO
9. Expose the perineal area. a. Separate the labia of the female resident and gently wash around the opening of the urethra with soap and warm water.		
b. Gently pull back the foreskin of the male resident and gently wash around the opening of the urethra with soap and warm water.		
10. Wash the catheter from the opening of the urethra outward four inches. Do not pull on the catheter.		
11. Using a fresh washcloth continue washing, rinsing, and drying the perineal area.		
12. Remove bed protector and bath blanket.		
C. Steps ending procedure 13. Remove, clean, and store equipment.		
14. Wash hands.		
15. Make the resident comfortable; place call signal within reach.		
16. Record observations and report anything unusual to charge nurse.		
Changing the Drainage Bag A. Steps beginning procedure 1-5. Complete steps 1-5 of catheter care procedure.		
B. Changing the bag procedure 6. If applying a reusable leg bag, swab the end to be connected with alcohol and place on sterile gauze/in alcohol packet without allowing it to touch anything considered unsterile.		
7. Crimp with fingers or clamp the catheter tubing so urine does not flow.		

	YES	NO
8. Disconnect catheter tubing from drainage bag. Apply cap over end of tubing if reusing that drainage bag.		
9. Connect leg bag to the catheter.		
10. Unclamp catheter. Check to see that urine is flowing (may take a few minutes).		
11. If placing a leg bag or applying new tape allow enough slack so there is no pull on the catheter.		
12. If drainage bag is to be reapplied later, remove the cap, swab the end with alcohol, and replace cap.		
C. Steps ending procedure 13-16. Complete steps 13-16 of catheter care procedure.		

The student has satisfactorily completed the procedure "CATHETER CARE" according to the steps outlined.

Instructor's/Charge Personnel's Signature
(Verifying Satisfactory Completion)

Date

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XVI : RECOGNIZING CONCEPTS OF THE URINARY SYSTEM

SCOPE OF UNIT:

The structure and function of the urinary system are examined. The medical terms and definitions pertaining to the urinary system are included. Skills learned are: give and remove urinal; give catheter care; assisting resident to bathroom; cleaning the incontinent resident.

INFORMATION TOPIC: XV-4 OR DEMONSTRATION:

ASSISTING RESIDENT TO BATHROOM
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. State the rationale for staying with a resident while he/she is in the bathroom.
2. List three reasons for assisting a resident with cleaning of perineal area if required.
3. State safety factors to consider when resident is in the bathroom.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

INFORMATIONAL ASSIGNMENT:

REFERENCES:

Lewis, LuVerne Wolff. Fundamental Skills in Patient Care. 3rd ed. Philadelphia: J. B. Lippincott, 1984.

INTRODUCTION:

Some patients are able to use a bathroom. Your responsibilities depend on the patient's conditions. Safety is always considered. Refer back to Unit VII Lesson Plan 11 to review ambulation technique.

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XVI : RECOGNIZING CONCEPTS OF THE URINARY SYSTEM

OUTLINE: (Key Points)

I. Assisting Resident to Bathroom

   A. Use correct ambulation techniques when walking resident to bathroom if he/she requires assistance.

   B. Resident who is able to be alone in bathroom

      1. Do not lock door.

      2. Keep signal cord handy for resident in case of emergency.

   C. If resident has been in bed for an extended time and exhibits signs of dizziness, stay with him/her to assist in case of weakness/fainting. (II-1)

   D. Use correct techniques for cleaning the perineal area if resident needs assistance with this.

      1. To prevent skin breakdown

      2. To prevent odors

      3. To prevent discomfort for resident

   E. Observe characteristics of stool/urine before toilet is flushed.

   F. Assist/remind resident to wash hands.

   G. Assist resident back to bed if necessary.

   H. Make resident comfortable and place signal cord within reach.

   I. Record observations.

   J. Report anything unusual to charge nurse.

II. Safety Factors to Consider

   A. Always be sure that the bathroom door remains unlocked.

   B. Check that floor is clean and dry to prevent resident from falling.

III. Summary and Conclusion

A. Assisting resident to bathroom

B. Safety factors to consider

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XVI : RECOGNIZING CONCEPTS OF THE URINARY SYSTEM

INTERACTION ITEMS:

1. After being in bed, how might the resident feel when he/she gets up?
2. When assisting the resident to the bathroom, what safety factors must be considered?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Review ambulation techniques from Unit VIII.

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XVI : RECOGNIZING CONCEPTS OF THE URINARY SYSTEM

EVALUATION ITEMS:

1. When would it be necessary to stay with the resident while he/she is in the bathroom?

2. List three reasons the perineal area must be cleaned.

   a.

   b.

   c.

3. Two safety factors to consider in assisting a patient to the bathroom are:

   a.

   b.

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XVI : RECOGNIZING CONCEPTS OF THE URINARY SYSTEM

ANSWERS TO EVALUATION ITEMS:

1. If the resident was either weak or faint when getting up.

2. a. To prevent skin breakdown
   b. To prevent odor
   c. To prevent discomfort to resident

3. a. Bathroom door is unlocked
   b. Floor is clean and dry

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XVII : RECOGNIZING CONCEPTS OF THE REPRODUCTIVE SYSTEM

SCOPE OF UNIT:

The structure and function of the reproductive system are examined. Medical terms and definitions pertaining to the reproductive system are included. The reproductive process will be described.

INFORMATION TOPIC: XVII-1 OR DEMONSTRATION:

REPRODUCTIVE SYSTEM
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Identify the organs of the male reproductive system and list the major functions.
2. Identify the organs of the female reproductive system and list the major functions.
3. Explain the menstrual cycle.
4. Describe the reproductive process.

*5. Identify and define medical terms associated with the reproductive system.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Male Reproductive System
2. HO 2: Female Reproductive System

*3. HO 3: Reproductive System Medical Terms and Definitions

4. Films
   a. "Human Reproduction" - Missouri Department of Health
   b. "The Menstrual Cycle" - Eli Lilly Co.

*This objective and HO 3 are optional. The use of this material is left to the instructor's discretion.

5. State Fair Community College Media Center

Slide/tape #580: "The Testes and Production of Spermatozoa"
Slide/tape #582: "External Male Genitalia"
Slide/tape #583: "External Female Genitalia:
Slide/tape #584: "The Vagina, Uterus, and Fallopian Tubes"
Slide/tape #586: "The Menstrual Cycle"

INFORMATIONAL ASSIGNMENT:

Rosdahl, Caroline Bunker. Basic Nursing. 4th ed. Philadelphia: J.B. Lippincott, 1985.

Schniedman, Rose, and Susan Lambert. Being a Nursing Assistant. 4th ed., Bowie, MD: Robert Brady Publishing Co., 1986.

REFERENCES:

Memmler, Ruth L., and Dena L. Wood. Structure and Function of the Human Body. Philadelphia: J.B. Lippincott Co., 1977.

Rosdahl, Caroline Bunker. Basic Nursing. 4th ed. Philadelphia: J.B. Lippincott, 1985.

Schwartz, Estelle and Lillian Potter. Foundations of Patient Care. Philadelphia: J.B. Lippincott Co., 1981.

Thomas, Virginia. Life Sciences for Nursing and Health Technologies. 2nd ed. Huntington Beach, CA: Technicourse, Inc., 1974.

INTRODUCTION:

This system is unique. While all other systems are essential for the continuation of one's life, the reproductive system is essential for the continuation of the species. The primary function is to produce a like being.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XVII : RECOGNIZING CONCEPTS OF THE REPRODUCTIVE SYSTEM

OUTLINE: (Key Points)

I. Male Reproductive System (HO 1)

   A. Gonads (testes) - produce sperm and secrete male sex hormone (II-1)

   B. Epididymis - collects sperm cells and stores them until maturity

   C. Vas deferens - passageway for sperm

   D. Seminal vesicle - stores sperm and secretes fluid which adds to the semen

   E. Prostate - adds alkaline secretion to semen

   F. Ejaculatory ducts - ejaculate sperm

   G. Cowper's glands - secrete alkaline substance into the urethra

   H. Penis - expels urine and is male organ of intercourse (II-2)

   I. Urethra - passageway for urine and sperm

II. Female Reproductive Organs (HO 2) (II-3)

   A. Gonads (ovaries) - release ova (female sex cell) and produce hormones (II-4)

   B. Fallopian tubes - guide ovum to uterus

   C. Uterus - receives fertilized ovum and provides housing and nourishment for fetus

   D. Vagina - serves as female organ of intercourse and birth canal

   E. Accessory structures

      1. Vulva

      2. Bartholin's glands - provide lubrication

      3. Mammary glands - provide milk for newborn (II-5)

III. Menstrual Cycle

   A. Begins around age 10-14

   B. Controlled by hormones

C. Three phases

1. Menstrual flow - lasts 3-5 days

2. Ovum matures and is released on about day 14.

3. Endometrium (uterine lining) thickens to prepare for pregnancy. At end of cycle, lining sloughs off if unneeded, and flow begins again.

IV. Reproductive Process

A. Fertilization (II-6)

B. Development of the fetus (II-7)

1. Ovum

2. Embryo

3. Fetus

C. Normal pregnancy (II-8)

1. Signs and symptoms

2. Prenatal care

3. Preparation for parenthood

D. Phenomena of labor

1. Signs

2. Three stages

a. First stage of labor

b. Delivery of newborn

c. Expulsion of placenta

E. Postpartum period

V. Summary and Conclusion

A. Male reproductive system

B. Female reproductive system

C. Menstrual cycle

D. Reproductive process

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XVII : RECOGNIZING CONCEPTS OF THE REPRODUCTIVE SYSTEM

INTERACTION ITEMS: (Review Items)

1. What are the two functions of the testes?
2. How does the male urethra differ from the female urethra?
3. What are the main female organs of reproduction?
4. What two functions do the ovaries perform?
5. What are functions of the mammary glands?
6. Describe the fertilization process.
7. Discuss the growth and development of the fetus.
8. Why is prenatal care important?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Use anatomical model(s) and discuss the organs and their function.
2. View films.
3. Invite guest speaker from Missouri Department of Health to discuss breast self-exam.
4. Explain the menstrual cycle.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XVII : RECOGNIZING CONCEPTS OF THE REPRODUCTIVE SYSTEM

EVALUATION ITEMS:

1. Label organs of the male reproductive system.

   a.

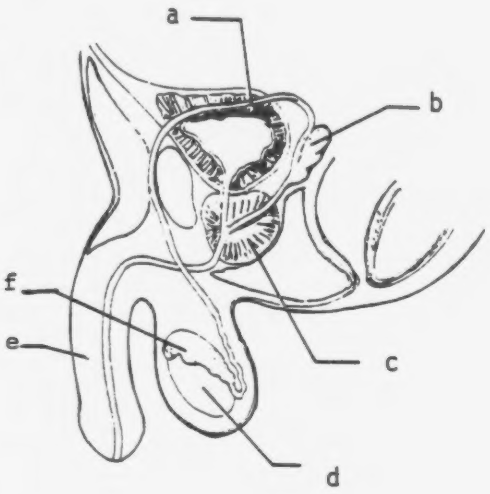
   b.

   c.

   d.

   e.

   f.



2. List one function of each of the following organs of the male reproductive system.

   a. Cowper's glands

   b. Penis

   c. Ejaculatory ducts

   d. Prostate

   e. Seminal vesicles

   f. Vas deferens

   g. Epididymis

   h. Gonads

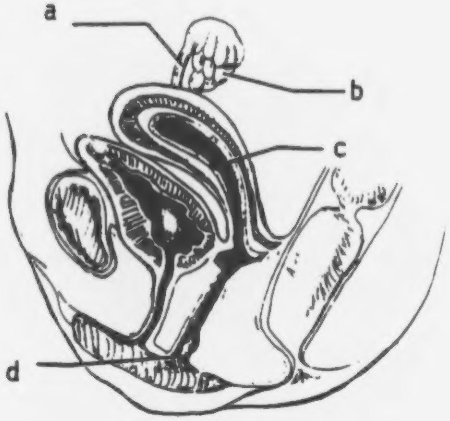
3. Label organs of the female reproductive system.

a.

b.

c.

d.



4. List one function of the following organs of the reproductive system.

a. Uterus

b. Ovaries

c. Vagina

d. Fallopian tubes

e. Mammary glands

5. Explain the menstrual cycle.

6. Place the items in the following list in the correct order of the growth and development process of normal pregnancy and childbirth.

Ovum
Expulsion of placenta
Embryo
First stage of labor
Fetus
Delivery of newborn
Postpartum period

a.

b.

c.

d.

e.

f.

g.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XVII : RECOGNIZING CONCEPTS OF THE REPRODUCTIVE SYSTEM

ANSWERS TO EVALUATION ITEMS:

1. a. Vas deferens
   b. Seminal vesicle
   c. Prostate
   d. Testis (gonad)
   e. Penis
   f. Epididymis

2. a. Secrete alkaline substance into the urethra
   b. Expels urine; male organ of intercourse
   c. Ejaculate sperm
   d. Adds alkaline secretion to semen
   e. Secrete fluid which adds to semen
   f. Passageway for sperm
   g. Collects sperm; stores sperm
   h. Produce sperm; secrete male sex hormone

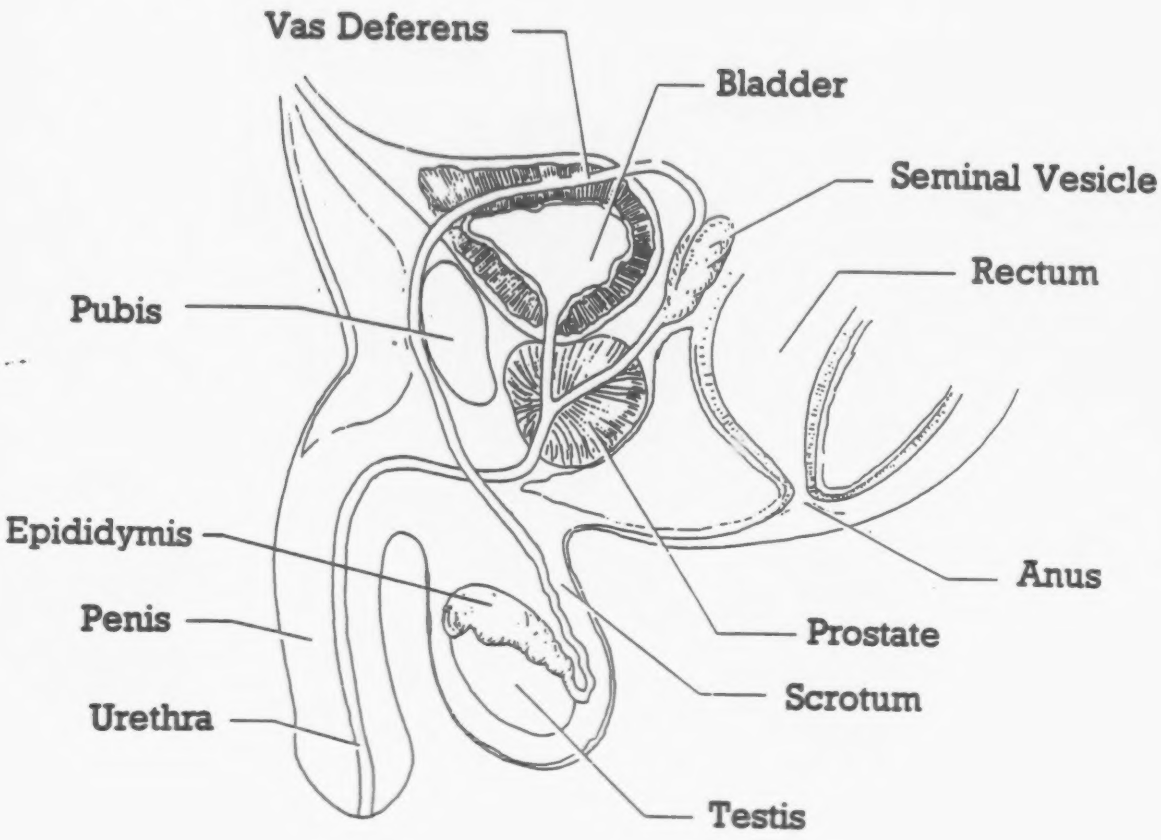
3. a. Fallopian tube
   b. Ovary
   c. Uterus
   d. Vagina

4. a. Receives fertilized ovum; provides housing and nourishment for fetus
   b. Release ova and produce hormones
   c. Female organ of intercourse; birth canal
   d. Guide ovum to uterus
   e. Provide milk for newborn

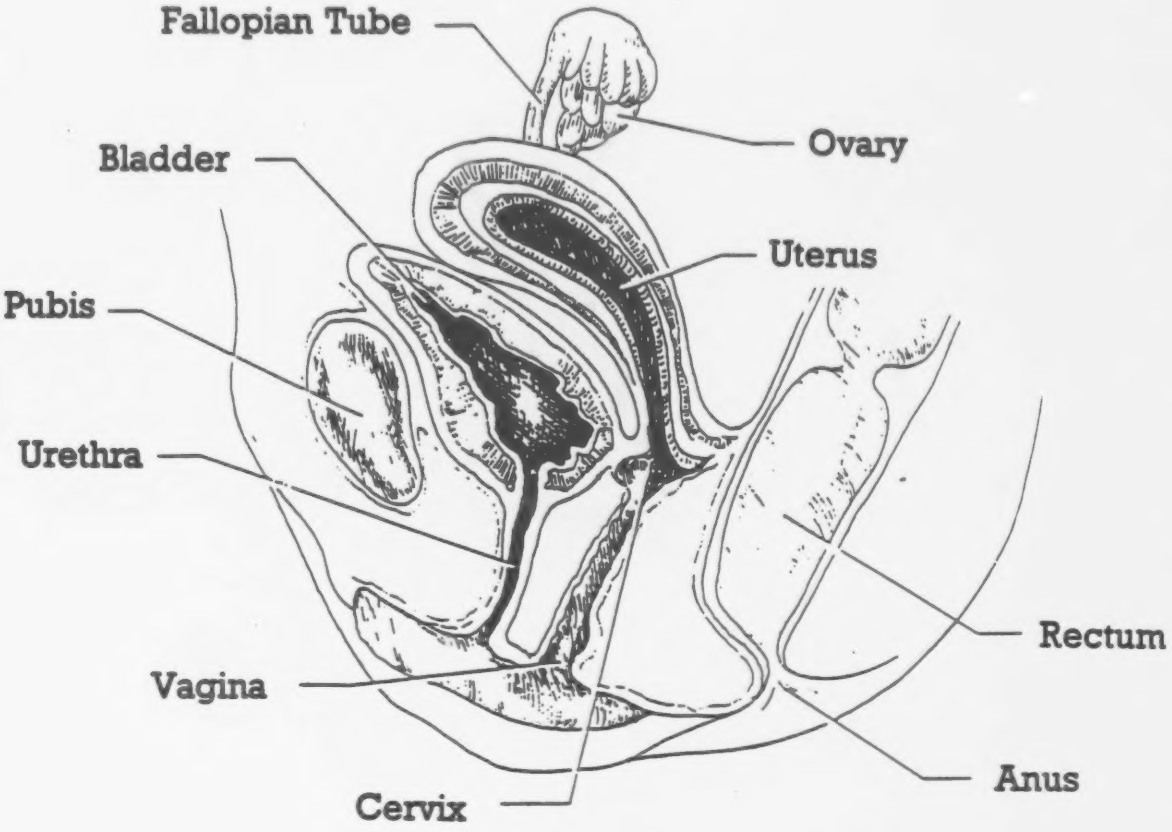
5. Begins around age 10-14; Controlled by hormones; Three phases: 1) menstrual flow - lasts 3-5 days; 2) ovum matures and is released on about day 14; 3) endometrium (uterine lining) thickens to prepare for pregnancy. At end of cycle, lining sloughs off if unneeded, and flow begins again.

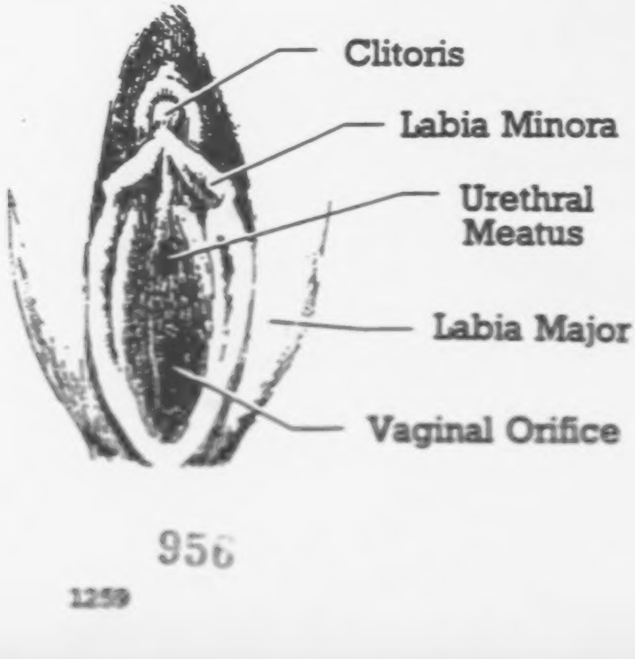
6. a. Ovum
   b. Embryo
   c. Fetus
   d. First stage of labor
   e. Delivery of newborn
   f. Expulsion of placenta
   g. Postpartum period

Male Reproductive System


Vas Deferens
Bladder
Seminal Vesicle
Rectum
Pubis
Epididymis
Penis
Urethra
Anus
Prostate
Scrotum
Testis

Female Reproductive System


Fallopian Tube
Ovary
Bladder
Uterus
Pubis
Urethra
Rectum
Vagina
Anus
Cervix


Clitoris
Labia Minora
Urethral Meatus
Labia Major
Vaginal Orifice

Reproductive System - Medical Terms and Definitions

Gynandromorphous (ji'nan'dro-mor'fus) - having both male and female qualities

Gynecologist (jin'e-kol'o-jist) or (gin'e-kol'o-jist) - specialist in treating female disorders

Gynecology (jin'e-kol'o-je) or (gin'e-kol'o-je) - the branch of medicine treating diseases of women

Gynopathy (jin'op'ah-the) - any disease of women

Gynoplasty (jin'o-plast'te) - plastic surgery on the female organs

Hysteralgia (his'te-ral'je-ah) - pain in the uterus

Hysterectomy (his'te-rek'to-me) - removal or excision of the uterus

Hysteropexy (his'ter-o-pek-se) - surgical fixation or fastening of the uterus

Hysterospasm (his'ter-o-spazm) - a uterine spasm

Mastectomy (mas-tek'to-me) - excision of the breast

Mastodynia (mas'to-din'e-ah) - pain in the breast

Mastoplasty (mas'to-plas'te) - plastic surgery on the breast

Mastoscirrhus (mas'to-skir'us) - hardening of the mammary gland

Mastosis (mas-to'sis) - any disease of the breast

Menopause (men'o-pawz) - marks permanent cessation of menstrual activity (between ages of 45 and 50)

Metritis (me-tri'tis) - inflammation of the uterus

Metrocolpocele (me'tro-kil'po-sel) - hernial protrusion of the uterus into the vagina

Metroptosis (me'tro-to'sis) - prolapse of the uterus

Metrorrhagia (me'tro-ra'je-ah) - uterine bleeding

Oophorectomy (o'of-rek'to-me) - excision or surgical removal of an ovary

Oophoritis (o'of-o-ri'tis) - inflammation of an ovary

Oophoroma (o-of'o-or'mah) - tumor of the ovary

Oophoroplasty (o-of'o-ro-plas'te) - plastic surgery on the ovary

Oophorrhagia (o-of'o-ra'je-ah) - hemorrhage or bleeding from an ovary

Ovariocentesis (o-va're-o-sen-te'sis) - surgical puncture of an ovary

Salpingitis (sal'pin-ji'tis) - inflammation of the uterine tube

Salpingo-oophorectomy (sal-ping'go-o'of-o-rek'to-me) - excision of the ovary and the uterine tube

Salpingography (sal'ping-gog'rah-fe) - roentgenogram or x-ray picture of the uterine tube or tubes

Salpingorrhaphy (sal'ping-gor'ah-fe) - suture or surgical repair of the uterine tube

Salpingotomy (sal'ping-got'o-me) - surgical incision into the uterine tube

Spermicide (sper'mi-sid) - an agent that is destructive to spermatozoa

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XVIII : PERFORMING SPECIAL PROCEDURES

SCOPE OF UNIT:

This unit covers the following special procedures: weigh and measure resident, obtain a clean-catch/midstream urine specimen, obtain a routine urine specimen, obtain a stool specimen and obtain a sputum specimen.

INFORMATION TOPIC: XVIII-1 AND DEMONSTRATION: XVIII-1

WEIGHING AND MEASURING HEIGHT
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. List two types of scales that can be used to weigh a resident.
2. Identify key points in weighing the resident.
3. Identify key points in measuring a resident in bed and on an upright scale.
4. Convert a measurement of inches into feet and inches.
5. Relate how much weight gain or loss in one month should be reported to the charge nurse.
6. Demonstrate how to weigh a resident according to the steps of procedure.
7. Demonstrate how to measure a resident according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Types of Scales
2. Scale
3. Paper towel
4. Paper and pencil

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 359-360.

REFERENCES:

Fouts, Janet and Lynn Mullen. Nursing Assistant Training Manual. Beaverton, OR: Medi Form Printers and Publishers, Inc., 1984, pp. 237-238.

Johnson-Pawlson, Jean and Marsha Goodwin. How To Be A Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1985, p. 106.

McClelland, Sharon and Geraldine Kaspar. A Clinical Manual for Nursing Assistants. Monterey, CA: Wadsworth Health Sciences Division, 1985, pp. 163-164.

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 359-360.

INTRODUCTION:

Residents are weighed upon admission to the long-term care facility and once a month, unless you are instructed to weigh the resident more often by the charge nurse. A weight loss or gain can be significant and should be reported. The resident's height is measured only once on admission since this does not usually change. As with many other procedures, accuracy is very important.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XVIII : PERFORMING SPECIAL PROCEDURES

OUTLINE: (Key Points)

I. Types of Scales

   A. Bathroom - portable

   B. Upright balance

   C. Chair - Hoyer lift with sling

   D. Bed - stretcher

II. Weighing the Resident

   A. Scales will vary from place to place in the facility. Always use the same scale when weighing the resident.

   B. Balance the scale before weighing; bring the pointer on a bathroom scale to zero before any weight is placed on the scale.

   C. If you are unsure of how to balance the scale, ask for instructions before weighing the resident.

   D. The weight of a person may vary during the day so perform the procedure at the same time of day each time you weigh the resident.

   E. Residents should be weighed with their shoes off and with as little clothing on as possible.

   F. The best time to get an accurate weight is before the resident has had anything to eat or drink in the morning; have the resident urinate before weighing.

   G. If a resident has a brace, artificial limb, or heavy clothing, subtract the weight of the clothing or appliance if possible. If not, record that it was on when the resident was weighed.

   H. If the resident cannot stand and is in a w/c or g/c, use a platform scale and weigh the chair first, then weigh the resident in the chair. Subtract the weight of the chair.

   I. You may put a walker in place around the scale for the resident to use for support when stepping on the scale.

   J. The long lines of the scale indicate one pound; each short line indicates one fourth pound. (HO 1)

III. Measuring a Resident in Bed

   A. Resident should be in supine position, with the bed flat.

   B. Use a tape measure and measure from the top of the head to the soles of the feet.

IV. Measuring a Resident on a Upright Scale

   A. A height measurement rod is read in inches and the inches should then be converted to feet and inches.

   B. 12 inches = 1 foot

      48 inches = 4 feet

      60 inches = 5 feet

      72 inches = 6 feet

   C. Measuring rod has long lines that indicate every one inch; short lines indicate one-fourth inch.

V. Reporting and Recording

   A. Compare weight and height to previous record.

   B. A gain or loss five pounds or more should be reported to the charge nurse.

VI. Steps of Procedure for Weighing and Measuring the Resident

A. Steps beginning procedure

1. Wash your hands.
2. Assemble necessary equipment.
3. Identify and greet resident. Identify self.
4. Explain what you are going to do.
5. Provide privacy.

B. Steps of procedure to weigh and measure the resident

6. Place a paper towel on the scale platform.
7. Raise the measuring rod.
8. Ask the resident to remove robe and slippers; provide assistance if necessary.
9. Assist the resident to stand on the scale platform; have resident stand with arms to sides.
10. Read the weight.

    NOTE: If using a balance scale, move the weight until the pointer swings evenly between the top and bottom of the metal square.

11. Record weight.
12. Instruct the resident to stand erect.
13. Lower the measuring rod until it rests on the resident's head.
14. Read the height and record it on paper.
15. Assist resident off of the platform. Assist resident in putting on his/her robe and slippers, assist to his/her bed or chair.
16. Discard the paper towel.

C. Steps ending procedure

17. Remove, clean, and store equipment.
18. Wash your hands.
19. Make the resident comfortable; place call signal within reach.

20. Record observations.

NOTE: Report anything unusual to the charge nurse.

VII. Summary and Conclusion

A. Types of scales

B. Weighing the resident

C. Measuring a resident in bed

D. Measuring a resident on an upright scale

E. Reporting and recording

F. Ask interaction items.

G. Review steps of procedure.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XVIII : PERFORMING SPECIAL PROCEDURES

INTERACTION ITEMS:

1. Why would you use a bed scales?

2. What is the best time of day to weigh a resident?

3. How do you weigh a resident with an artificial leg?

4. If a resident measures 58 inches, how many feet and inches is he/she? 63 1/2 inches? 74 1/4 inches?

5. How do you position the measuring rod when measuring a resident?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Instructor demonstrates the procedure to weigh and measure a resident.

2. Students practice weighing and measuring each other.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XVIII: PERFORMING SPECIAL PROCEDURES

EVALUATION ITEMS:

1. List two types of scales that can be used to weigh a resident.

   a.

   b.

For each of the following, write "T" if the statement is true, or "F" if it is false.

____2. It is significant to always use the same scale when weighing the resident.

____3. The time of day is not important when weighing a resident.

____4. Always have the resident eat breakfast before weighing to get the most accurate weight.

____5. Remember to subtract the weight of an artificial limb or brace if the resident is weighed with it on.

____6. The long lines of the scale indicate 1/4 pound.

____7. The resident should be in a sitting position when measuring him/her in bed.

____8. The measuring rod has long lines that indicate every one inch.

9. a. If a resident measures 66 inches, how many feet and inches would he/she be?

   b. 57 1/4 inches?

   c. 63 3/4 inches?

10. How many pounds gained or lost are considered a significant amount that should be reported immediately?

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XVIII: PERFORMING SPECIAL PROCEDURES

EVALUATION ITEMS:

NAME OF STUDENT: ____________________

WEIGHING AND MEASURING HEIGHT

EQUIPMENT:

1. Scale
2. Paper towel
3. Paper and pencil

DID THE STUDENT	YES	NO
A. Steps beginning procedure		
1. Wash hands.		
2. Assemble necessary equipment.		
3. Identify and greet resident. Identify self.		
4. Explain what he/she is going to do.		
5. Provide privacy.		
B. Procedure to weigh and measure the resident		
6. Place a paper towel on the scale platform.		
7. Raise the measuring rod.		
8. Ask the resident to remove robe and slippers; provide assistance if necessary.		
9. Assist the resident to stand on the scale platform; have resident stand with arms to sides.		
10. Read the weight.		
11. Record weight.		

	YES	NO
12. Instruct the resident to stand erect.		
13. Lower the measuring rod until it rests on the resident's head.		
14. Read the height and record it on paper.		
15. Assist resident off of the platform. Assist resident in putting on his/her robe and slippers, assist to his/her bed or chair.		
16. Discard the paper towel.		
C. Steps ending procedure 17. Remove, clean, and store equipment.		
18. Wash hands.		
19. Make the resident comfortable; place call signal within reach.		
20. Record observations and report anything unusual to the charge nurse.		

The student has satisfactorily completed the procedure "WEIGHING AND MEASURING HEIGHT" according to the steps outlined.

Instructor's/Charge Personnel's Signature
(Verifying Satisfactory Completion)

Date

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

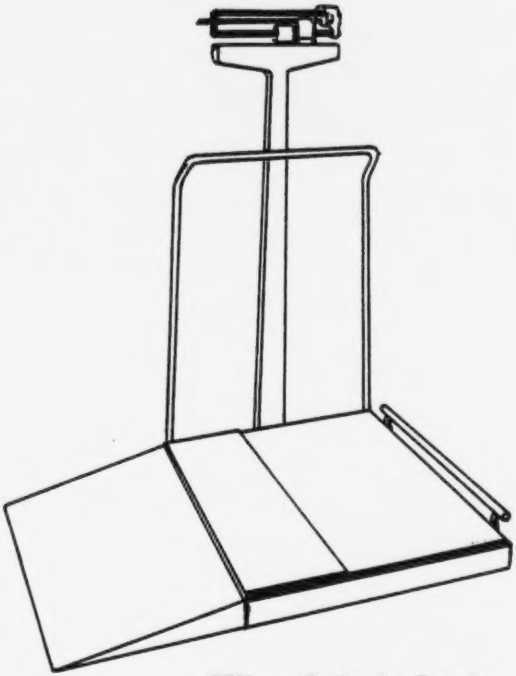
UNIT XVIII: PERFORMING SPECIAL PROCEDURES

ANSWERS TO EVALUATION ITEMS:

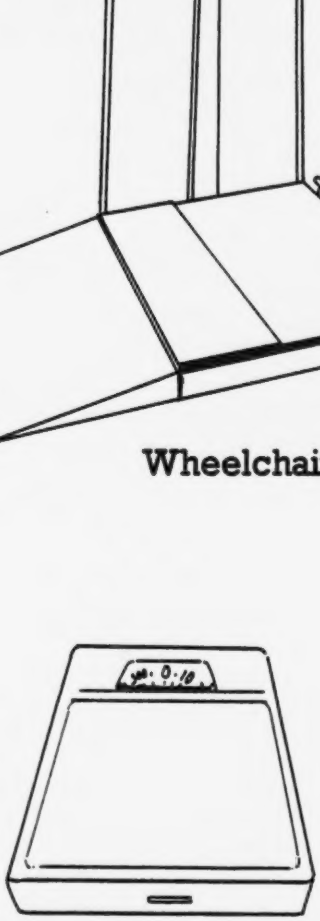
1. The student may list any two of the following:
   a. Bathroom - portable
   b. Upright balance
   c. Chair - Hoyer lift with sling
   d. Bed - stretcher
2. T
3. F
4. F
5. T
6. F
7. F
8. T
9. a. 5 ft. 6 in.
   b. 4 ft. 9 1/4 in.
   c. 5 ft. 3 3/4 in.
10. 5 lbs.

HO 1

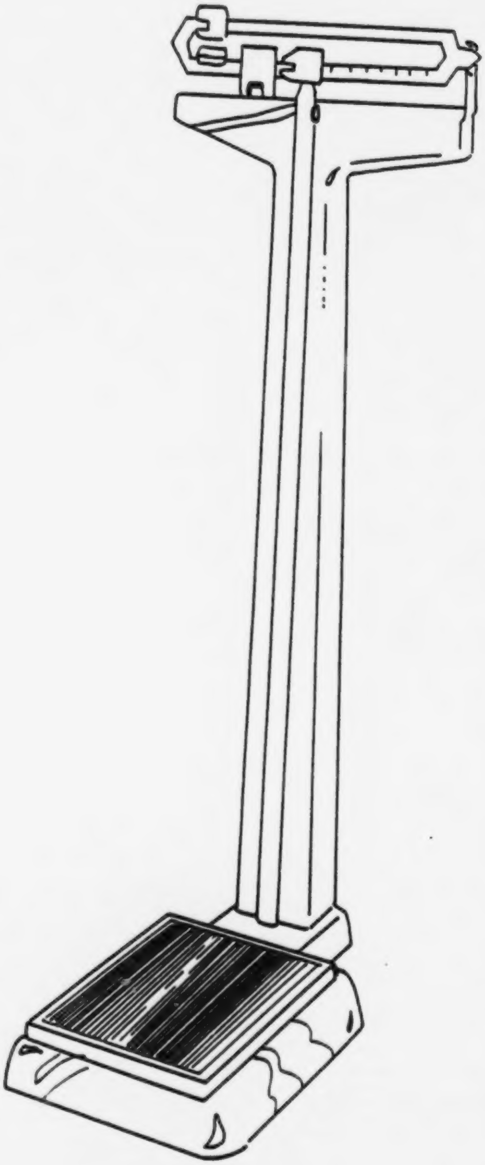
Types of Scales



Wheelchair Scale



Bathroom Scale



Platform Scale

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XVIII : PERFORMING SPECIAL PROCEDURES

SCOPE OF UNIT:

This unit covers the following special procedures: weigh and measure resident, obtain a clean-catch/midstream urine specimen, obtain a routine urine specimen, obtain a stool specimen and obtain a sputum specimen.

INFORMATION TOPIC: OR DEMONSTRATION: XVIII-2

SPECIMEN COLLECTION
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Demonstrate how to obtain a routine urine specimen according to the steps of procedure.
2. Demonstrate how to obtain a clean-catch/midstream urine specimen according to the steps of procedure.
3. Demonstrate how to obtain a urine specimen from a closed urinary drainage system according to the steps of procedure.
4. Demonstrate how to obtain a stool specimen according to the steps of procedure.
5. Demonstrate how to obtain a sputum specimen according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Trainex filmstrip #339: "Collecting Urine Specimens" (stool specimen)
2. Bedpan/urinal
3. Specimen container
4. Specimen label
5. Lab requisition slip
6. Tongue depressor

7. Alcohol sponge (catheter specimen)
8. Syringe with attached needle (catheter specimen)
9. Sterile specimen container (midstream urine specimen)
10. Antiseptic solution
11. Cotton balls
12. Discard container
13. Soap and water
14. Washcloth
15. Towel
16. Disposable gloves

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 288-301.

REFERENCES:

Fouts, Janet and Lynn Mullen. Nursing Assistant Training Manual. Beaverton, OR: Medi Form Printers and Publishers, Inc., 1984, p. 182.

McClelland, Sharon and Geraldine Kaspar. A Clinical Manual for Nursing Assistants. Monterey, CA: Wadsworth Health Sciences Division, 1985, pp. 188-192.

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 288-301.

INTRODUCTION:

The body eliminates wastes, such as urine, stool and sputum, which can be useful in diagnosing and treating an illness. It is a responsibility of the health services assistant to obtain these specimens. He/she must be aware of the importance of accuracy when collecting a specimen. Make sure it is the right specimen from the right resident at the right time using the right procedure. If you are not absolutely sure of the instructions, check with the charge nurse. A resident can be harmed if you make a mistake.

The following procedure covers how to obtain a routine urine, stool, and sputum specimen. A midstream/clean-catch urine specimen is also discussed. This type of specimen is as free of contamination as possible without inserting a catheter to obtain the specimen.

When a specimen is ordered by the doctor, explain to the resident to call you immediately when he/she feels the urge to urinate/defecate/cough so a specimen can be obtained as soon as possible.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XVIII : PERFORMING SPECIAL PROCEDURES

STEPS OF PROCEDURE:

Routine Urine Specimen

A. Steps beginning procedure

1. Wash your hands.
2. Assemble necessary equipment.
3. Identify and greet resident. Identify self.
4. Explain what you are going to do.
5. Provide privacy.

B. Collecting routine urine specimen

6. Wash the resident's perineal area if it is soiled, otherwise it is not necessary.
7. Offer a clean bedpan/urinal/or assist to bedside commode, or toilet fitted with speci-pan.
8. Ask resident to void.

   NOTE: Instruct resident not to put toilet paper or pass stool in receptacle used to collect urine.

9. Have resident wash hands, if resident collected specimen.
10. Take covered bedpan/urinal to the resident's bathroom or dirty utility room.
11. If resident is on output, note amount of urine voided and record on I&O.
12. Carefully pour urine into specimen container, fill it 3/4 full, if possible.
13. Cover container tightly and securely. Apply label.
14. Measure leftover urine if resident is on I&O, then pour into toilet/hopper.

C. Steps ending procedure

15. Remove, clean, and store equipment.

16. Wash your hands.

17. Make the resident comfortable; place call signal within reach.

18. Inform charge nurse that specimen has been collected; if it is not sent to lab immediately, store according to facility's policy.

19. Record that specimen has been obtained.

Midstream/Clean-Catch Urine Specimen

A. Steps beginning procedure

1-5. See steps 1-5 of routine urine specimen procedure.

B. Collecting midstream/clean-catch urine specimen

6. Clean peri area with soap and water if soiled

7. Apply antiseptic solution to cotton balls and put on disposable gloves.

8. a. Female resident

    1. Spread labia and expose urinary opening.

    2. Using a cotton ball with antiseptic solution on it, wipe from front to back on one side; discard cotton ball.

    3. Wipe from front to back on other side; discard cotton ball.

    4. Then wipe down the center and discard cotton ball.

   b. Male resident

    1. Hold penis just down from the head of the penis; retract the foreskin, if uncircumcised.

    2. Cleanse the head of the penis and urinary opening with a cotton ball with antiseptic solution on it using a circular motion, three times.

    3. Use a cotton ball once and then discard.

9. Ask resident to start to urinate into bedpan/urinal/toilet.

10. After flow has started, ask resident to stop urinating.

11. Place specimen container under resident and ask him/her to start urinating again into container.

    NOTE: Do not allow anything to touch the inside surfaces of the specimen container or lid. This would contaminate the specimen.

12. If resident cannot stop urinating once he/she has started, move container into the stream of urine to collect the midstream specimen directly into container.

13. Remove container before the flow of urine stops.

14. Cover container tightly. Apply label.

15. Pour leftover urine into toilet/hopper.

C. Steps ending procedure

16-20. See steps 15-19 of routine urine specimen procedure.

Collecting Specimen From Closed Urinary Drainage System

A. Steps beginning procedure

1-5. See steps 1-5 of routine urine specimen procedure.

B. Collecting urine specimen from closed drainage system.

6. Close clamp on drainage tubing below the speci-port.

    NOTE: Never leave the bedside at this time without unclamping the tubing.

7. Cleanse the speci-port with the alcohol sponge.

8. Remove needle cover from syringe.

9. Insert needle into speci-port and pull gently back on the plunger to obtain required amount of urine.

10. Remove needle and syringe from speci-port. Cleanse the speci-port with an alcohol sponge.

11. Open clamp from drainage tubing. Check to see that urine is draining into drainage bag.

12. Place needle of syringe into specimen container and push plunger to expel urine into specimen container.

13. Cover container tightly. Apply label.

14. Take syringe, needle and cover to proper container and dispose of them according to the facility's policy.

C. Steps ending procedure

15-19. See steps 15-19 of routine urine specimen procedure.

Stool Specimen

A. Steps beginning procedure

1-5. See steps 1-5 of routine urine specimen procedure.

B. Collecting a stool specimen

6. Assist resident onto bedpan/bedside commode or to bathroom toilet fitted with speci-pan.

   NOTE: Do not allow resident to use bathroom toilet.

7. Ask resident not to urinate or put toilet tissue into receptacle.

8. Have resident wash his/her hands if he/she collected the specimen.

9. Take the covered bedpan to the resident's bathroom or to the dirty utility room.

10. Using the wooden tongue depressor, take about 1 to 2 tablespoons of stool from the bedpan and place it into the specimen container.

11. Cover specimen container securely. Apply label.

12. Wrap tongue depressor in a paper towel and discard it.

13. Empty the remaining stool into the toilet/hopper.

C. Steps ending procedure

14-18. See steps 15-19 of routine urine specimen procedure.

Sputum Specimen

A. Steps beginning procedure

1-5. See steps 1-5 of routine urine specimen procedure.

B. Collecting a sputum specimen

6. If the resident has eaten recently, have him/her rinse out his/her mouth.

7. Instruct resident to take three deep breaths in a row and on the third exhalation to cough deeply from within the lungs to bring up the sputum.

NOTE: Saliva and nose secretions are not to be used for this test.

8. Resident may have to cough several times to bring up enough sputum for the specimen. One to two tablespoons is usually the required amount.

9. Cover specimen container tightly. Apply label.

C. Steps ending procedure

10-14. See steps 15-19 of routine urine specimen procedure.

SUMMARY AND CONCLUSION:

1. Ask interaction items.

2. Review steps of procedure.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XVIII: PERFORMING SPECIAL PROCEDURES

INTERACTION ITEMS:

1. What four things should you make sure of when collecting any specimen to ensure accuracy?
2. What is the difference between a routine urine specimen and a midstream or clean-catch urine specimen?
3. Why shouldn't the resident put toilet paper in the bedpan when collecting a urine/stool specimen?
4. How much urine is needed for a specimen?
5. How much stool is needed for a specimen?
6. How much sputum is needed for a specimen?
7. Why is it important not to touch the inside surfaces of a specimen container?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Show filmstrip.
2. Show students all the equipment that is needed to collect specimens.
3. Students obtain various specimens ordered by physician from residents during on-the-job training.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XVIII : PERFORMING SPECIAL PROCEDURES

EVALUATION ITEMS: NAME OF STUDENT ____________________

SPECIMEN COLLECTION

EQUIPMENT:

1. Bedpan/urinal
2. Specimen container
3. Specimen label
4. Lab requisition slip
5. Sterile specimen container
6. Antiseptic solution
7. Cotton balls
8. Discard container
9. Tongue depressor
10 Alcohol sponge
11. Syringe with attached needle
12. Soap and water
13. Washcloth
14. Towel
15. Disposable gloves

DID THE STUDENT	YES	NO
Routine Urine Specimen A. Steps beginning procedure 1. Wash hands.		
2. Assemble necessary equipment.		
3. Identify and greet resident. Identify self.		
4. Explain procedure to resident.		
5. Provide privacy.		
B. Collecting routine urine specimen 6. Wash the resident's perineal area if it is soiled, otherwise it is not necessary.		
7. Offer a clean bedpan/urinal/or assist to bedside commode, or toilet fitted with speci-pan.		
8. Ask resident to void.		

	YES	NO
9. Have resident wash hands, if resident collected specimen.		
10. Take covered bedpan/urinal to the resident's bathroom or dirty utility room.		
11. If resident is on output, note amount of urine voided and record on I&O.		
12. Carefully pour urine into specimen container, fill it 3/4 full, if possible.		
13. Cover container tightly and securely. Apply label.		
14. Measure leftover urine if resident is on I&O, then pour into toilet/hopper.		
C. Steps ending procedure		
15. Remove, clean, and store equipment.		
16. Wash hands.		
17. Make the resident comfortable; place call signal within reach.		
18. Inform charge nurse that specimen has been collected; if it is not sent to lab immediately, store according to facility's policy.		
19. Record that specimen has been obtained.		
Midstream/Clean-Catch Urine Specimen		
A. Steps beginning procedure		
1-5. Complete steps 1 through 5 of routine urine specimen procedure.		
B. Collecting midstream/clean-catch urine specimen		
6. Clean peri area with soap and water if soiled.		
7. Apply antiseptic solution to cotton balls and put on disposable gloves.		

	YES	NO
8. a. Female resident 1. Spread labia and expose urinary opening.		
2. Using a cotton ball with antiseptic solution on it, wipe from front to back on one side, discard cotton ball.		
3. Wipe from front to back on other side, discard cotton ball.		
4. Then wipe down the center and discard cotton ball.		
b. Male resident 1. Hold penis just down from the head of the penis; retract the foreskin, if uncircumcised.		
2. Cleanse the head of the penis and urinary opening with a cotton ball with antiseptic solution on it using a circular motion, three times.		
3. Use a cotton ball once and then discard.		
9. Ask resident to start to urinate into bedpan/urinal/toilet.		
10. After flow has started, ask resident to stop urinating.		
11. Place specimen container under resident and ask him/her to start urinating again into container.		
12. If resident cannot stop urinating once he/she has started, move container into the stream of urine to collect the middle of the stream specimen directly into container.		
13. Remove container before the flow of urine stops.		

	YES	NO
14. Cover container tightly. Apply label.		
15. Pour leftover urine into toilet/hopper.		
C. Steps ending procedure 16-20. Complete steps 15-19 of routine urine specimen procedure.		
Collecting Specimen From Closed Urinary Drainage System A. Steps beginning procedure 1-5. Complete steps 1-5 of routine urine specimen procedure.		
B. Collecting urine specimen from closed drainage system. 6. Close clamp on drainage tubing below the speci-port.		
7. Cleanse the speci-port with the alcohol sponge.		
8. Remove needle cover from syringe.		
9. Insert needle into speci-port and pull gently back on the plunger to obtain required amount of urine.		
10. Remove needle and syringe from speci-port. Cleanse the speci-port with an alcohol sponge.		
11. Open clamp from drainage tubing, check to see that urine is draining into drainage bag.		
12. Place needle of syringe into specimen container and push plunger to expel urine into specimen container.		
13. Cover container tightly. Apply label.		
14. Take syringe, needle and cover to proper container and dispose of them according to the facility's policy.		

	YES	NO
C. Steps ending procedure 15-19. Complete steps 15-19 of routine urine specimen procedure.		
Stool Specimen A. Steps beginning procedure 1-5. Complete steps 1-5 of routine urine specimen procedure.		
B. Collecting a stool specimen 6. Assist resident onto bedpan/bedside commode or into bathroom toilet fitted with speci-pan.		
7. Ask resident not to urinate or put toilet tissue into receptacle.		
8. Have resident wash his/her hands if he/she collected the specimen.		
9. Take the covered bedpan to the resident's bathroom or to the dirty utility room.		
10. Using the wooden tongue depressor, take about 1 to 2 tablespoons of stool from the bedpan and place it into the specimen container.		
11. Cover specimen container securely. Apply label.		
12. Wrap tongue depressor in a paper towel and discard it.		
13. Empty the remaining stool into the toilet/hopper.		
C. Steps ending procedure 14-18. Complete steps 15-19 of routine urine specimen procedure.		

	YES	NO
Sputum Specimen A. Steps beginning procedure 1-5. Complete steps 1-5 of routine urine specimen procedure.		
B. Collecting a sputum specimen 6. If the resident has eaten recently, have him/her rinse out his/her mouth.		
7. Instruct resident to take three deep breaths in a row and on the third exhalation to cough deeply from within the lungs to bring up the sputum.		
8. Resident may have to cough several times to bring up enough sputum for the specimen.		
9. Cover specimen container tightly. Apply label.		
C. Steps ending procedure 10-14. Complete steps 15-19 of routine urine specimen procedure.		

The student has satisfactorily completed the procedure "SPECIMEN COLLECTION" according to the steps outlined.

____
Instructor's/Charge Personnel's Signature
(Verifying Satisfactory Completion)

____
Date

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIX : MEASURING VITAL SIGNS

SCOPE OF UNIT:

This unit covers the measurement and recording of vital signs including blood pressure; oral, rectal, and axillary temperature; pulse and respirations.

INFORMATION TOPIC: XIX-1 OR DEMONSTRATION:

TEMPERATURE, PULSE, AND RESPIRATIONS (TPR)
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Match terms presented in this lesson to correct definitions.
2. Identify the normal range of body temperature.
3. Identify three types of thermometers.
4. Recognize three ways to take a temperature.
5. List three conditions that would indicate not to take temperature by the oral route.
6. Describe the length of time to take a temperature for each of the three routes.
7. Identify the normal pulse range.
8. List five locations at which a pulse can be checked.
9. Identify the normal range for respirations.
10. Recognize three signs of normal respirations.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Common Thermometers
2. HO 2: Sites for Taking a Pulse
3. AS 1: Reading a Thermometer

4. Trainex filmstrip #371: "Temperature, Pulse, and Respirations"
5. TLC filmstrip: "How to Take Your Patient's Temperature"
6. TLC filmstrip: "How to Take Your Patient's Pulse and Respirations"

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986, pp. 215-221; 228-229; 232-233.

REFERENCES:

Fouts, Janet and Lynn Mullen. Nursing Assistant Training Manual. Beaverton, OR: Medi Form Printers and Publishers, Inc., 1984, pp. 135-136; 139-140; 141.

Johnson-Pawlson, Jean and Marsha Goodwin. How To Be A Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1985, pp. 102-104.

McClelland, Sharon and Geraldine Kaspar. A Clinical Manual for Nursing Assistants. Monterey, CA: Wadsworth Health Sciences Division, 1985, p. 208-212; 214-215.

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INTRODUCTION:

Taking temperature, pulse, and respirations is part of checking vital signs. This is a procedure that you must completely understand how to perform so that you will feel confident and be accurate. Some medications and treatments may be administered or discontinued depending upon what the vital signs are. If you are ever in doubt, ask the charge nurse to recheck your reading. The following lesson plan will give you some of the answers as to why these are considered the signs of life. The following lesson plans will then inform you of the actual steps of the procedure.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIX : MEASURING VITAL SIGNS

OUTLINE: (Key Points)

I. Terms and Definitions

   A. Axilla - armpit

   B. Body temperature - the amount of heat in the body that is a balance between the amount of heat produced and the amount lost by the body

   C. Cheyne-Stokes - a pattern of breathing in which respirations gradually increase in rate and depth and then become shallow and slow; breathing may stop for 10 to 20 seconds

   D. Pulse - the beat of the heart felt at an artery as a wave of blood passes through the artery

   E. Pulse rate - the number of heartbeats or pulses felt in one minute

   F. Respirations - act of breathing in and out of the lungs (inhalation/exhalation)

   G. Vital signs - temperature, pulse, respirations and blood pressure

II. Body Temperature

   A. A balance between heat gained and heat lost.

   B. Our body must have a constant temperature in order to function properly. (II-1)

      1. Normal range for a resting person is 97^{0}F to 99^{0}F.

      2. Normal oral temperature is 98.6^{0}F.

      3. Report to the charge nurse if temperature does not fall within this range.

   C. Heat is conserved by the body as follows:

      1. Reduction of perspiration

      2. Vasoconstriction - decrease in flow of blood to skin

      3. Shivering - increased muscle activity to produce heat

D. Heat is lost by the body as follows:

   1. Vasodilation - increased blood flow to skin, flushed appearance
   2. Through the lungs by breathing - increased respirations rate
   3. Elimination of urine, stool, and perspiration

E. Fever - an elevation of the body temperature above the usual normal range

F. Measures to raise body temperature

   1. Increase the temperature of the room.
   2. Add coverings to the body.
   3. Provide hot liquids to drink.
   4. Give warm bath or soaks.

G. Measures to lower body temperature

   1. Decrease the temperature of the room.
   2. Remove coverings from the body.
   3. Offer cool liquids to drink.
   4. Provide cool bath or sponging.
   5. Direct fan toward the body.

III. Measuring Body Temperature

A. Glass thermometer (II-2)

   1. The thermometer has a bulb end and a stem end.
   2. Mercury collects in the bulb end; when warmed it rises up a hollow tube in the stem of the thermometer.
   3. The temperature is recorded at the point the mercury stops.

B. Types of thermometers: (HO 1)

   1. Glass with long, narrow tip
      a. Used for oral or axillary temperatures
      b. Color-coded blue
      c. Never used to take rectal temperature because it could injure tissues in the rectum

2. Glass with rounded, stubby tip
    a. Used for taking rectal temperature
    b. Color-coded red
3. Electronic
    a. Portable and battery operated
    b. Measures temperature within 2 to 60 seconds, depending upon model.
    c. Displays temperature digitally on front of thermometer unit.
    d. Oral and rectal probes are supplied.
    e. Disposable cover or sheath is used to cover the probe.
    f. Use the covers only once and then discard. (II-3)

C. Reading a glass Fahrenheit scale thermometer

1. Each long line represents one degree - 94^0, 95^0, etc.
2. Odd-numbered degrees (95^0, 97^0, etc.) are not written on the thermometer
3. Each short mark is two-tenths of a degree; they go from 2/10 to 8/10 between the larger numbers
4. Two-tenths means the same whether it is written as 2/10 or .2
5. The small arrow (↑) indicates the normal oral temperature of 98.6^0F (II-4)

D. Locating the mercury

1. Hold the thermometer at the stem end; NEVER AT THE BULB END.
2. Stand with your back to the light.
3. Hold thermometer at eye level and rotate it slightly back and forth until the column of mercury is visible.

IV. Ways to Take a Temperature

A. Oral

1. Most common and convenient way of taking the temperature

991

2. Time required for an accurate reading is three to five minutes

3. Average normal oral temperature is 98.6^{0}F.

4. DO NOT TAKE AN ORAL TEMPERATURE IF THE RESIDENT:

    a. Has been smoking, chewing gum, or has recently consumed a hot/cold beverage; wait 10 minutes (II-5)

    b. Is unconscious

    c. Has had surgery or an injury to the face, neck, nose or mouth

    d. Is receiving oxygen

    e. Breathes through the mouth instead of the nose

    f. Is delirious, restless, confused or disoriented

    g. Is paralyzed on one side of the body due to a stroke

5. Instruct resident not to talk during procedure.

B. Rectal

1. Most accurate measure of body temperature; but this route is not routinely used except when oral temperature cannot be taken for reason(s) listed above.

2. Time required for an accurate reading is three to four minutes.

3. Average normal rectal temperature is 99.6^{0}.

4. Resident should not be left alone during procedure; thermometer should always be held while temperature is being taken with resident on his/her side. (II-6)

5. Lubrication of thermometer is important so that it can be inserted easily and not cause tissue injury.

6. DO NOT TAKE A RECTAL TEMPERATURE IF THE RESIDENT:

    a. Has diarrhea

    b. Has a rectal disorder, injury or recent rectal surgery (II-7)

7. In charting, indicate rectal method by writing "R" after the numbers; for example 99 R.

C. Axillary

1. Least accurate method; used only when temperature cannot be taken orally or rectally

2. Time required for an accurate reading is 10 to 12 minutes.

3. Average normal axillary temperature is 97.6^0 F.

4. This method should not be used immediately after bathing; the axilla should be dry. Thermometer should be held in place to maintain proper position.

5. In charting, indicate axillary method by writing "A" after the numbers; for example 96.8 A.

V. Pulse

A. Pulse is the beat of the heart felt at an artery as a wave of blood passes through the artery; a pulse can be felt every time the heart beats.

B. Pulse rate is the number of beats felt in 1 minute; The normal range for an adult is between 60 to 100 beats per minute. Report to charge nurse if pulse does not fall within this range.

C. Factors that elevate the pulse rate

1. Exercise

2. Strong emotions (anger, fear, etc.)

3. Fever

4. Pain

5. Shock

D. Factors that lower the pulse rate

1. Resting

2. Depression

3. Certain drugs (such as digitalis)

VI. Measuring the Pulse

A. When taking the pulse, count the rate for one full minute.

B. When taking the pulse note the rhythm of the pulse.

   1. Regular rhythm - pulse is felt in a pattern with the same time interval occurring between beats
   2. Irregular rhythm - noted when the beats are unevenly spaced or beats are skipped

C. When taking the pulse, note the force of the pulse.

   1. A forceful pulse is easy to feel and is described as being strong, full, or bounding.
   2. A weak pulse is hard to feel and is described as weak or thready.

VII. Sites For Taking Pulse (HO 2)

A. Radial pulse

   1. Most common and convenient site.
   2. Pulse is located on the side of the wrist near the resident's thumb; it can be felt by placing the first three fingers of one hand against the radial artery.
   3. Do not take the pulse with your thumb, it has a pulse of its own, which could be mistaken for the resident's pulse.
   4. It is routine to take a resident's pulse and respirations while taking the temperature.
   5. Do not record the pulse immediately; keep the number in mind and continue holding the resident's hand until you have counted the respirations.

B. Carotid pulse

   1. Located on the side of the neck.
   2. Check *one side at a time*; never push on both carotid arteries at the same time—this will cause fainting.

C. Brachial pulse - located at the bend of the elbow

D. Femoral pulse - located at the groin area

E. Apical pulse (II-8)

1. Located on the left side of the chest slightly below the nipple; must use a stethoscope

2. The heartbeat normally sounds like a "lub-dub." Each "lub-dub" is counted as one beat.

VIII. Respirations

A. One respiration includes breathing in and breathing out; the chest rises upon inhalation and falls during exhalation.

B. Respiratory rate is the number of respirations in one minute; the normal range for an adult is between 14 and 20. Report to the charge nurse if respirations do not fall within this range.

C. The respiratory rate is affected by the same factors as those that can elevate/lower the pulse.

IX. Measuring Respirations (II-9)

A. Normal respirations are:

1. Quiet

2. Effortless

3. Regular

4. Both sides of chest rise and fall equally

B. To count respirations you must be able to see the chest rise and fall. The resident must not be aware that you are counting respirations because he/she may subconsciously or intentionally alter the pattern.

C. Count the respirations right after counting the pulse; the fingers should be left in place over the pulse site, thus the resident will assume that the pulse is still being counted.

X. Summary and Conclusion

A. Body temperature

B. Measuring body temperature

C. Ways to take a temperature

D. Pulse

E. Measuring the pulse

F. Sites for taking a pulse

G. Respirations

H. Measuring respirations

Taking the TPR contributes to the overall evaluation of the resident's condition. It should be done with great accuracy and whenever there is an indication of change of condition. Most facilities check the resident's TPR at least once a month.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIX : MEASURING VITAL SIGNS

INTERACTION ITEMS:

1. What is normal oral temperature considered to be?
2. What is the substance contained in a glass thermometer?
3. Are the probe covers used with an electronic thermometer reuseable?
4. What does the small arrow indicate on a glass thermometer?
5. How long should you wait if a resident has been chewing gum before checking the thermometer?
6. What should you remember to do before inserting a thermometer into the rectum?
7. When recording a rectal or axillary temperature, what should you do?
8. When checking an apical pulse, what piece of equipment do you need?
9. Is it normal for someone to breathe rapidly while resting?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Show students different types of thermometers.
2. Have students locate pulse at different sites.
3. Have students complete AS 1: Reading a Thermometer.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIX : MEASURING VITAL SIGNS

EVALUATION ITEMS:

Match the following terms to correct definitions by writing the letter in the blank.

_____1. Pulse

_____2. Vital signs

_____3. Cheyne-Stokes

_____4. Respirations

_____5. Axilla

_____6. Body temperature

_____7. Pulse rate

a. Act of breathing in and out of the lungs

b. Balance of amount of heat produced and amount of heat lost by the body

c. TPR and BP

d. A pattern of breathing in which respirations are uneven and may stop for brief periods

e. Armpit

f. The beat of the heart felt at an artery as a wave of blood passes through it

g. The number of heartbeats felt in one minute

8. Write down the normal ranges for temperature, pulse, and respirations:

   a. Temperature -

   b. Pulse -

   c. Respirations -

9. Which of the following is not a type of thermometer used? (Circle the letter of the correct answer.)

   a. Electronic
   b. Glass with long, narrow tip
   c. Stethoscope
   d. Glass with rounded, stubby tip

10. Which of the following is not a method for taking a temperature? (Circle the letter of the correct answer)

   a. Under the knee
   b. Axilla
   c. Rectal
   d. Oral

11. List three conditions that would indicate not to take a temperature by the oral route.

    a.

    b.

    c.

12. Describe the three routes to be used and how long you should take the temperature by each route.

    a.

    b.

    c.

13. List five locations at which a pulse can be checked.

    a.

    b.

    c.

    d.

    e.

14. Which of the following are signs of normal respirations? (Circle the correct answer)

    a. Effortless
    b. Regular
    c. Quiet
    d. All of the above

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIX : MEASURING VITAL SIGNS

ANSWERS TO EVALUATION ITEMS:

1. f
2. c
3. d
4. a
5. e
6. b
7. g

8. a. Temperature - 97°F-99°F
   b. Pulse-for an adult - 60-100 beats/minute
   c. Respirations-for an adult - 14-20/minute
9. c
10. a

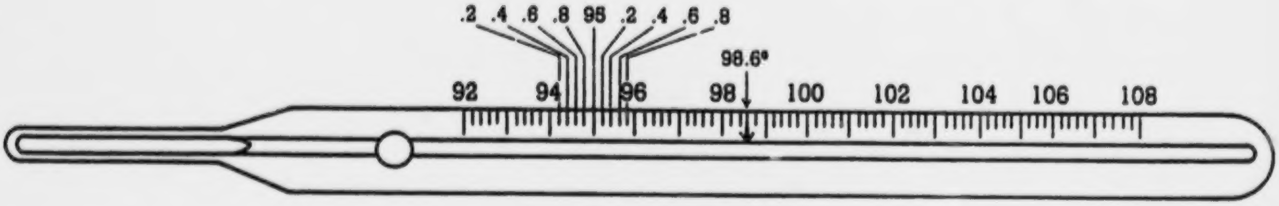
11. The student may list any three of the following:
    a. If resident is unconscious.
    b. If resident has had surgery or an injury to the face, neck, nose, or mouth.
    c. If resident is receiving oxygen.
    d. If resident breathes through the mouth instead of the nose.
    e. If resident is delirious, restless, confused or disoriented.
    f. If resident is paralyzed on one side of the body due to a stroke.
    g. If resident has been smoking, chewing gum, or just consumed a hot/cold beverage. Wait 15 minutes.

12. a. Oral - most convenient and common way of taking the temperature; time required is five to eight minutes.
    b. Rectal - most accurate method; generally used when oral temperature cannot be taken; time required is three to four minutes
    c. Axillary - least accurate method; used when oral or rectal temperature cannot be taken; time required is 10-12 minutes

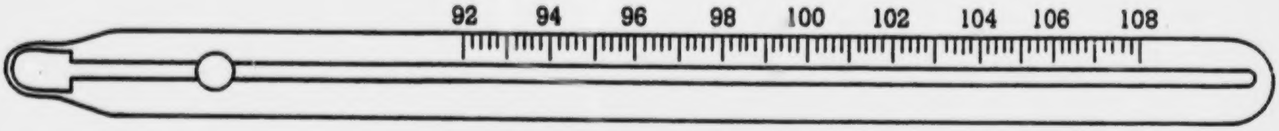
13. a. Radial - side of wrist near resident's thumb
    b. Carotid - side of neck
    c. Brachial - bend of elbow
    d. Femoral - groin area
    e. Apical - left side of chest slightly below nipple

14. d

Common Thermometers (Fahrenheit)


.2
.4
.6
.8
95
.2
.4
.6
.8
98.6°
92
94
96
98
100
102
104
106
108

Oral Thermometer

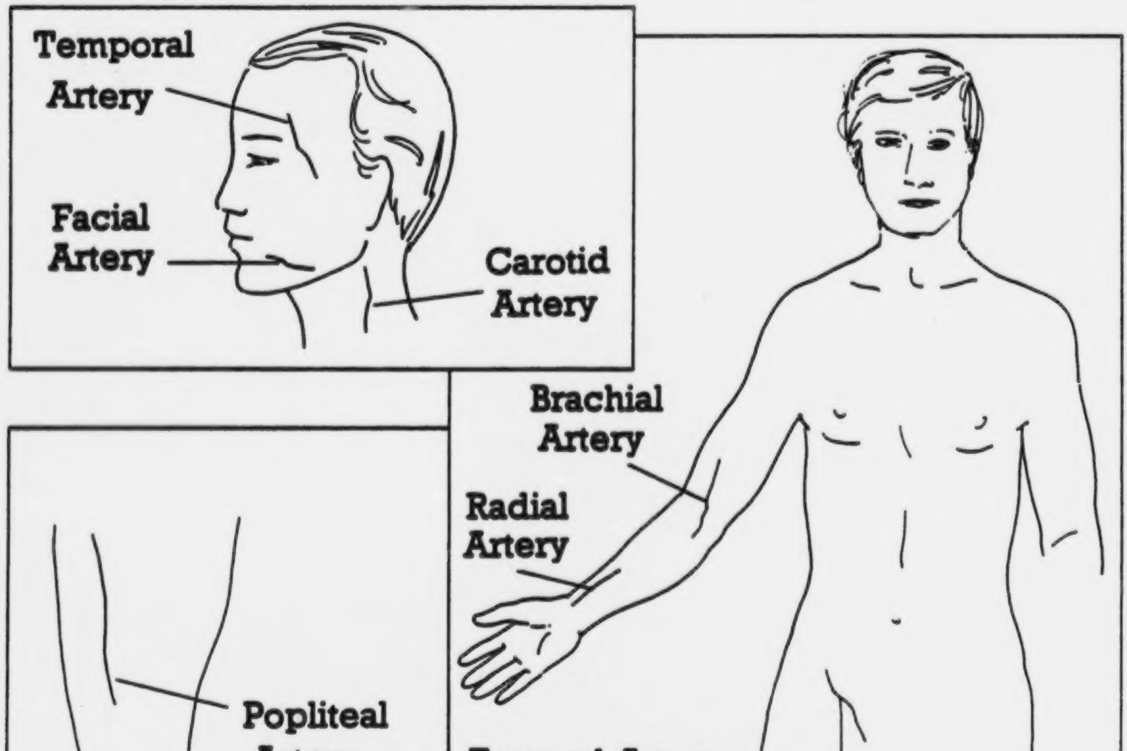

92
94
96
98
100
102
104
106
108

Rectal Thermometer

1001

HO 2

Sites for Taking a Pulse

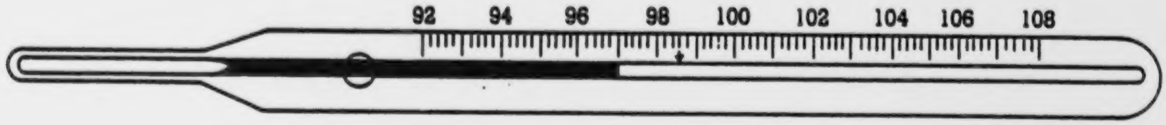

Temporal Artery
Facial Artery
Carotid Artery
Brachial Artery
Radial Artery
Popliteal Artery
Femoral Artery
Posterior Tibial Artery
Dorsalis Pedis Artery

1002

Reading a Thermometer

1. Write the readings on these thermometers in the blanks to the right.

a. ____________


92
94
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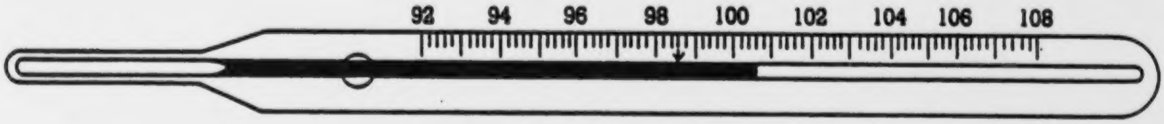
b. ____________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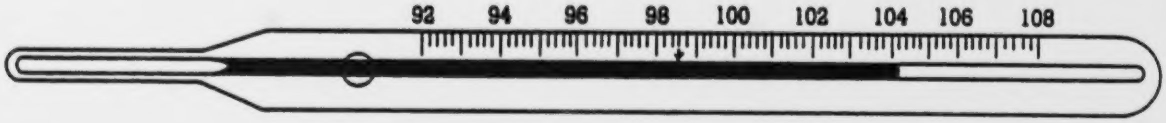
c. ____________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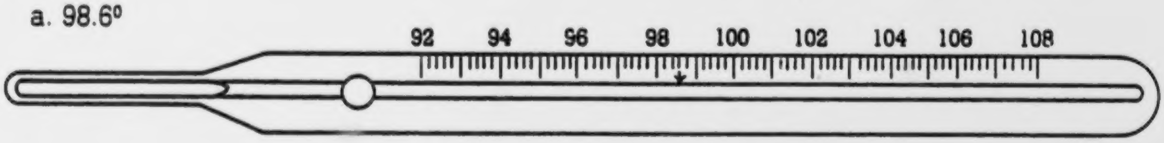
2. Mark the temperature readings on these thermometers.

a. 98.6°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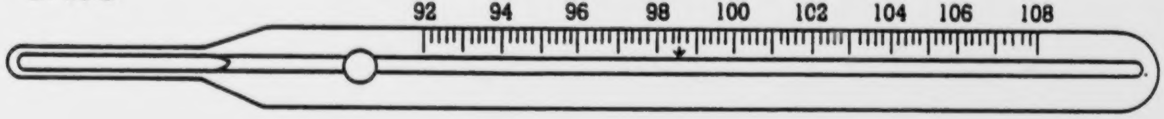
b. 99.2°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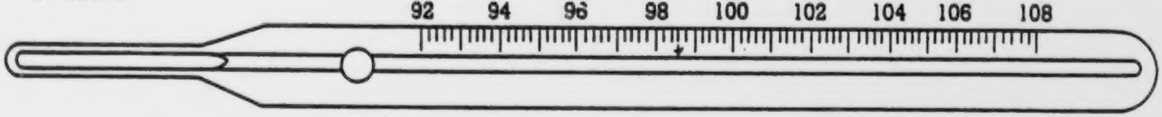
c. 101.8°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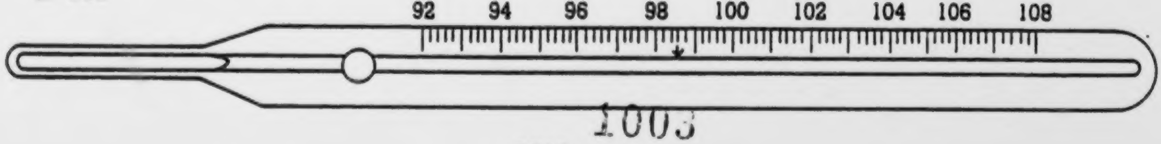
d. 103°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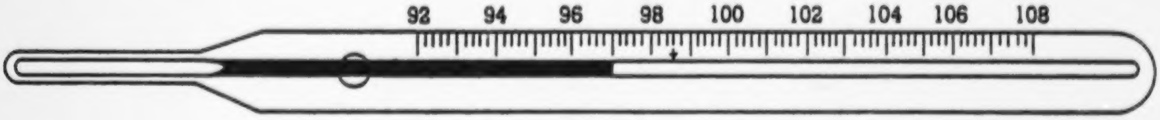
1003

Answers to Assignment Sheet 1: Reading a Thermometer

1. Write the readings on these thermometers in the blanks to the right.

a. 97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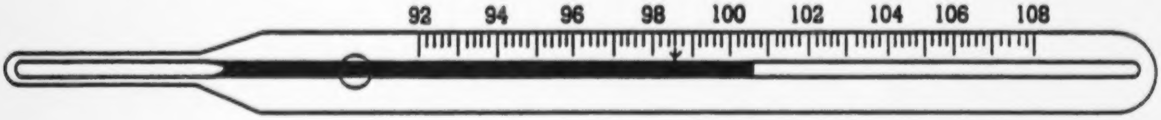
b. 100.6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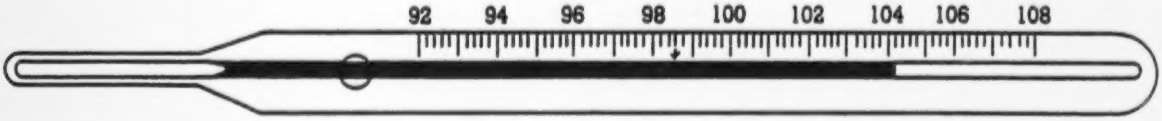
c. 104.2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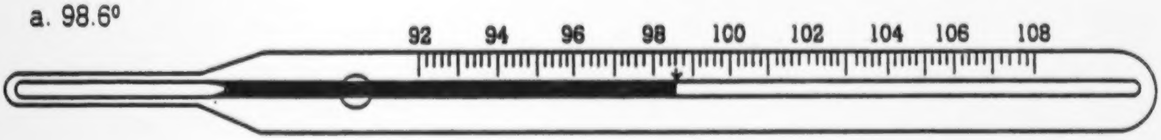
2. Mark the temperature readings on these thermometers.

a. 98.6°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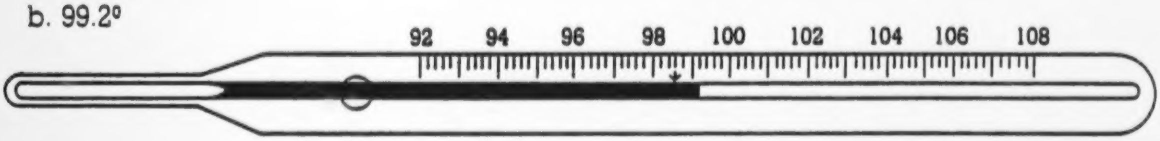
b. 99.2°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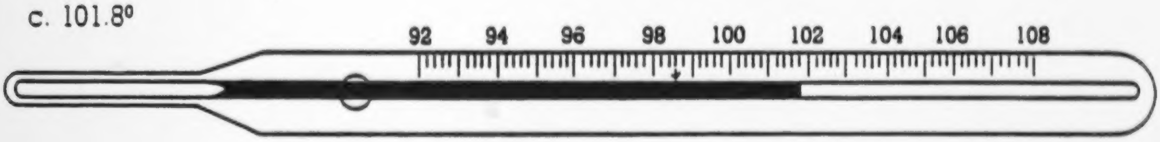
c. 101.8°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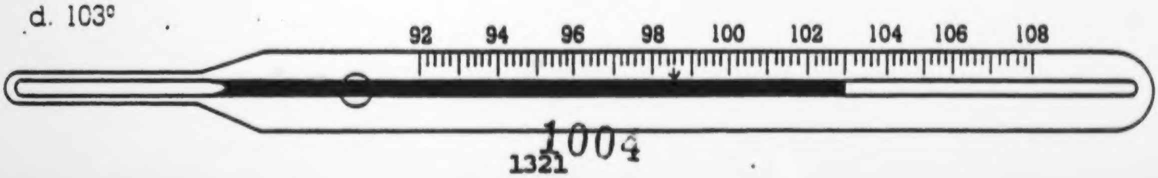
d. 103°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LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIX : MEASURING VITAL SIGNS

SCOPE OF UNIT:

This unit covers the measurement and recording of vital signs including blood pressure; oral, rectal, and axillary temperature; pulse and respirations.

INFORMATION TOPIC: OR DEMONSTRATION: XIX-2

MEASURE A TPR
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Demonstrate how to measure an oral temperature according to the steps of procedure.
2. Demonstrate how to measure a rectal temperature according to the steps of procedure.
3. Demonstrate how to measure an axillary temperature according to the steps of procedure.
4. Demonstrate how to count pulse and respirations according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Glass oral thermometer and holder
2. Glass rectal thermometer and holder
3. Electronic thermometer with oral and rectal probes and disposable probe covers
4. Tissues
5. Plastic thermometer cover (if available)
6. Paper and pen
7. Water-soluble lubricant (rectal)

1005

8. Disposable gloves (rectal), if available
9. Towel (axillary)
10. Chase doll

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. *Being a Nursing Assistant*. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 222-234.

REFERENCES:

Fouts, Janet and Lynn Mullen. *Nursing Assistant Training Manual*. Beaverton, OR: Medi Form Printers and Publishers, Inc., 1984, pp. 229-233.

Johnson-Pawlson, Jean and Marsha Goodwin. *How To Be A Nurse's Aide in a Nursing Home*. Washington, DC: American Health Care Association, 1985, pp. 102-105.

McClelland, Sharon and Geraldine Kaspar. *A Clinical Manual for Nursing Assistants*. Monterey, CA: Wadsworth Health Sciences Division, 1985, p. 212-216.

Schniedman, Rose and Susan Lambert. *Being a Nursing Assistant*. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 222-234.

Sorrentino, Sheila A. *Mosby's Textbook for Nursing Assistants*. St. Louis: The C.V. Mosby Co., 1984, pp. 316-330.

INTRODUCTION:

Now that you, the health services assistant, have an understanding of the importance of TPR, the actual steps to be taken when performing this procedure will be presented. The procedures will demonstrate how to take a temperature by three different routes as well as using the various types of thermometers.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIX : MEASURING VITAL SIGNS

STEPS OF PROCEDURE:

Measuring Oral Temperature, Pulse, and Respirations

Steps beginning procedure

1. Wash your hands.
2. Assemble necessary equipment.
3. Identify and greet resident. Identify self.
4. Explain what you are going to do.
5. Provide privacy.
6. Rinse thermometer with cool water if it has been soaked in disinfectant solution.
7. Check thermometer for breaks or chips.
8. Shake down thermometer to 95°F or below; firmly grasp at the stem end and snap your wrist several times.

TPR procedure

9. Resident should be in sitting/supine position.
10. Ask resident to open mouth and raise tongue. Place the thermometer bulb under the resident's tongue in the middle of the mouth.
11. Instruct the resident to hold the thermometer in place by closing his/her lips around the thermometer, while holding bulb under tongue. Leave in place for at least five minutes.
12. Rest resident's arm across his/her chest for ease in observing rise and fall or chest cavity during respirations.
13. Place finger tips over radial artery and locate pulse.
14. Note if the pulse is strong or weak and regular or irregular.
15. Count the pulse for one full minute.
16. Continue to hold the resident's wrist and begin counting when you see the chest rise; count respirations for one full minute.

17. Note any abnormal characteristics of either pulse or respirations.

18. Recount either pulse or respirations if unsure.

19. Record pulse and respirations on paper.

20. Grasp the stem end of the thermometer and remove it from the resident's mouth and wipe it from the stem toward the bulb end with a tissue (clean to dirty).

21. Read the thermometer.

22. Record the temperature on the paper.

23. Shake down the thermometer.

Steps ending procedure

24. Remove, clean, and store equipment.

25. Wash your hands.

26. Make the resident comfortable; place call signal within reach.

27. Record observations.

NOTE: Report anything unusual to the charge nurse.

Measuring an Oral Temperature with an Electronic Thermometer

Steps beginning procedure

1-5. See steps 1-5 of measuring oral temperature, pulse, and respirations procedure.

Oral temperature procedure

6. Resident should be in sitting/lying down position.

7. Make sure oral probe is plugged into the thermometer.

8. Remove the probe from the unit and insert it into a probe cover.

9. Ask resident to open the mouth and raise the tongue; place covered probe at the base of the tongue on either side.

10. Ask the resident to lower the tongue and close the mouth. Hold the probe in the resident's mouth.

11. Read the temperature on the digital display when the tone is heard or when there is a flashing or steady light.

12. Remove the covered probe from the resident's mouth and discard the probe cover by pressing the eject button.

13. Record the temperature on paper.

14. Return the probe to the holder.

15-22. Count pulse and respirations. See steps 12-19 of taking oral temperature, pulse, and respirations procedure.

Steps ending procedure

23-26. See steps 24-27 of measuring oral temperature, pulse, and respirations procedure.

Measuring a Rectal Temperature

Steps beginning procedure

1-8. See steps 1-8 of measuring oral temperature, pulse, and respirations procedure.

Taking a rectal temperature

9. Resident should be lying on his/her side with upper leg flexed.

10. Rinse thermometer with cool water if it has been soaked in disinfectant solution.

11. Check thermometer for breaks or chips.

12. Shake down thermometer to 95°F or below; firmly grasp at the stem end and snap your wrist several times.

13. Put a small amount of lubricant on a tissue and lubricate the bulb end of the thermometer.

14. Raise the upper buttock to expose the anus; insert bulb end of the thermometer one inch into the rectum.

15. Hold the thermometer in place for three to four minutes.

16. Remove the thermometer. Wipe it clean with tissues from the stem toward the bulb.

17. Place the thermometer on clean toilet tissue, wipe the anal area to remove excess lubricant.

18. Cover the resident.

19. Read the thermometer and record temperature on paper.

20. Shake down the thermometer.

Steps ending procedure

21-24. See steps 24-27 of measuring oral temperature, pulse, and respirations procedure.

25-32. Pulse and respirations may be taken as in oral temperature procedure after the temperature is taken; see I.B., steps 12-19 of measuring oral temperature, pulse, and respirations procedure.

Measuring an Axillary Temperature

Steps beginning procedure

1-8. See steps 1-8 of measuring oral temperature, pulse, and respirations procedure.

Taking an axillary temperature

9. Resident should be in sitting/supine position.

10. Help the resident remove an arm from the sleeve of the gown.

NOTE: Do not expose the resident.

11. Dry axilla of excessive perspiration with a towel.

12. Place bulb end of thermometer in the center of axilla.

13. Bring the arm across the chest to snugly hold the thermometer in place for 10 to 12 minutes.

14-21. Pulse and respirations may be taken while thermometer is in place. See steps 12-19 of measuring oral temperature, pulse, and respirations procedure.

22. Remove thermometer and read it.

23. Shake down the thermometer.

Steps ending procedure

24-27. See steps 24-27 of measuring oral temperature, pulse, and respirations procedure.

SUMMARY AND CONCLUSION:

1. Ask interaction items.

2. Review steps of procedures.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIX : MEASURING VITAL SIGNS

INTERACTION ITEMS:

1. What position should the resident be in when measuring an oral temperature?
2. To what degree should the thermometer be shaken down?
3. Where are the fingers placed when counting the pulse?
4. What should you note about the pulse when counting it?
5. In what direction is the thermometer wiped?
6. How do you know when the temperature is to be read when using an electronic thermometer?
7. When would you count the pulse and respirations when checking temperature using an electronic thermometer?
8. What position should the resident be in when measuring a rectal temperature?
9. How far should the thermometer be inserted into the rectum?
10. When should you count the pulse and respirations when taking a measuring temperature?
11. What position should the resident be in when measuring an axillary temperature?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Instructor demonstrates temperature, pulse, and respiration procedure.
2. Students practice measuring each others temperature, pulse, and respirations.
3. Students practice inserting a rectal thermometer using Chase doll.

LESSON PLAN: 2

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIX : MEASURING VITAL SIGNS

EVALUATION ITEMS: NAME OF STUDENT ____________________

MEASURING A TPR

EQUIPMENT:

1. Glass oral thermometer and holder
2. Glass rectal thermometer and holder
3. Electronic thermometer with oral and rectal probes and disposable probe covers
4. Tissues
5. Plastic thermometer cover (if available)
6. Paper and pen
7. Water-soluble lubricant (rectal)
8. Disposable gloves (rectal), if available
9. Towel (axillary)
10. Chase doll

DID THE STUDENT	YES	NO
Measuring Oral Temperature, Pulse, and Respirations A. Steps beginning procedure 1. Wash hands.		
2. Assemble necessary equipment.		
3. Identify and greet resident. Identify self.		
4. Explain procedure to resident.		
5. Provide privacy.		
6. Rinse thermometer with cool water if it has been soaked in disinfectant solution.		
7. Check thermometer for breaks or chips.		
8. Shake down thermometer to 95°F or below.		

	YES	NO
B. TPR procedure 9. Position resident in sitting/supine position.		
10. Ask resident to open mouth and raise the tongue. Place the thermometer bulb under the resident's tongue in the middle of the mouth.		
11. Instruct the resident to hold the thermometer in place by closing his/her lips around the thermometer. Leave in place for at least five minutes.		
12. Rest resident's arm across his/her chest for ease in observing rise and fall of chest cavity during respirations.		
13. Place finger tips over radial artery and locate pulse.		
14. Note if the pulse is strong or weak and regular or irregular.		
15. Count the pulse for one full minute.		
16. Continue to hold the resident's wrist and count respirations for one full minute.		
17. Note any abnormal characteristics of either pulse or respirations.		
18. Recount either pulse or respirations if unsure.		
19. Record pulse and respirations on paper.		
20. Grasp the stem end of the thermometer and remove it from the resident's mouth and wipe it from the stem toward the bulb end with a tissue (clean to dirty).		
21. Read the thermometer.		
22. Record the temperature on the paper.		
23. Shake down the thermometer.		

	YES	NO
C. Steps ending procedure 24. Remove, clean, and store equipment.		
25. Wash hands.		
26. Make the resident comfortable; place call signal within reach.		
27. Record observations and report anything unusual to the charge nurse.		
Measuring an Oral Temperature with an Electronic Thermometer A. Steps beginning procedure 1-5. Complete steps 1-5 of measuring oral temperature, pulse, and respirations procedure.		
B. Oral temperature procedure 6. Position resident in sitting/lying down position.		
7. Make sure oral probe is plugged into the thermometer.		
8. Remove the probe from the unit and insert it into a probe cover.		
9. Ask resident to open the mouth and raise the tongue; place covered probe at the base of the tongue on either side.		
10. Ask the resident to lower the tongue and close the mouth. Hold the probe in the resident's mouth.		
11. Read the temperature on the digital display when the tone is heard or when there is a flashing or steady light.		
12. Remove the covered probe from the resident's mouth and discard the probe cover by pressing the eject button.		
13. Record the temperature on paper.		
14. Return the probe to the holder.		

	YES	NO
15-22. Count pulse and respirations. Complete steps 12-19 of oral temperature, pulse, and respirations procedure.		
C. Steps ending procedure 23-26. Complete steps 24-27 of measuring oral temperature, pulse, and respirations procedure.		
Measuring a Rectal Temperature A. Steps beginning procedure 1-8. Complete steps 1-8 of taking oral temperature, pulse, and respirations procedure.		
B. Taking a rectal temperature 9. Instruct/assist resident to lie on his/her side with upper leg flexed.		
10. Rinse thermometer with cool water if it has been soaked in disinfectant solution.		
11. Check thermometer for breaks or chips.		
12. Shake down thermometer to 95°F or below.		
13. Put a small amount of lubricant on a tissue and lubricate the bulb end of the thermometer.		
14. Raise the upper buttock to expose the anus; insert bulb end of thermometer one inch into the rectum.		
15. Hold the thermometer in place for three to four minutes.		
16. Remove the thermometer. Wipe it clean with tissue from the stem toward the bulb.		
17. Place the thermometer on clean toilet tissue, wipe the anal area to remove excess lubricant.		
18. Cover the resident.		

	YES	NO
19. Read the thermometer and record temperature on paper.		
20. Shake down the thermometer.		
C. Steps ending procedure 19-22. Complete steps 24-27 of measuring oral temperature, pulse, and respirations procedure.		
23-30. Count pulse and respirations. Complete steps 12-19 of measuring oral temperature, pulse, and respirations procedure.		
Measuring an Axillary Temperature A. Steps beginning procedure 1-8. Complete steps 1-8 of measuring oral temperature, pulse, and respirations procedure.		
B. Measuring an axillary temperature 9. Instruct/assist resident to assume sitting/supine position.		
10. Help the resident remove an arm from the sleeve of the gown without exposing resident.		
11. Dry axilla of excessive perspiration with a towel.		
12. Place bulb end of thermometer in the center of axilla.		
13. Bring the arm across the chest to snugly hold the thermometer in place for 10 to 12 minutes.		
14-21. Pulse and respirations may be taken while thermometer is in place. Complete steps 12-19 of measuring oral temperature, pulse, and respirations procedure.		
22. Remove thermometer and read it.		
23. Shake down the thermometer.		

		YES	NO
24-27.	Complete steps 24-27 of mesuring oral temperature, pulse, and respirations procedure.		

The student has satisfactorily completed the procedure "MEASURING A TPR" according to the steps outlined.

Instructor's/Charge Personnel's Signature
(Verifying Satisfactory Completion)

Date

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIX : MEASURING VITAL SIGNS

SCOPE OF UNIT:

This unit covers the measurement and recording of vital signs including blood pressure; oral, rectal, and axillary temperature; pulse and respirations.

INFORMATION TOPIC: XIX-3 OR DEMONSTRATION:

BLOOD PRESSURE
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Match terms presented in this lesson to correct definitions.
2. Identify the normal range for systolic blood pressure.
3. Identify the normal range for diastolic blood pressure.
4. Recognize equipment used to take a blood pressure.
5. Identify key points in measuring blood pressure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. AS 1: Reading a Mercury Sphygmomanometer
2. AS 2: Reading an Aneroid Sphygmomanometer
3. Trainex filmstrip #367: "Blood Pressure"
4. TLC filmstrip #3: "How to Take your Patient's Blood Pressure - Part I"
5. TLC filmstrip #4: "How to Take Your Patient's Blood Pressure - Part II"
6. Sphygmomanometer with blood pressure cuff

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Bowie, MD: The Robert J. Brady Co., 1986.

REFERENCES:

Fouts, Janet and Lynn Mullen. Nursing Assistant Training Manual. Beaverton, OR: Medi Form Printers and Publishers, Inc., 1984, pp. 142-143.

Johnson-Pawlson, Jean and Marsha Goodwin. How To Be A Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1985, p. 100.

McClelland, Sharon and Geraldine Kaspar. A Clinical Manual for Nursing Assistants. Monterey, CA: Wadsworth Health Sciences Division, 1985, p. 218-222.

Sorrentino, Sheila A. Mosby's Textbook for Nursing Assistants. St. Louis: The C.V. Mosby Co., 1984, pp. 331-333.

INTRODUCTION:

The last procedure in taking the vital signs is measuring the blood pressure. This procedure requires an understanding of what you are actually listening to and familiarity with the equipment used. Certain factors can alter the reading, thus producing an inaccurate measurement. Treatment can be based on BP readings which, if not read correctly, could result in harm to the resident.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIX : MEASURING VITAL SIGNS

OUTLINE: (Key Points)

I. Terms and Definitions

A. Blood pressure - the amount of force exerted against the walls of an artery by the blood

B. Diastolic pressure - the pressure in the arteries when the heart is at rest

C. Hypertension - high blood pressure; persistent BP measurements above the normal systolic (140 mm Hg) or diastolic (90 mm Hg) pressures

D. Hypotension - low blood pressure; condition in which systolic BP is below 100 mm Hg and diastolic pressure is below 60 mm Hg

E. Sphygmomanometer - instrument used to measure BP that consists of a cuff which is applied to the upper arm, and a measuring device

F. Stethoscope - instrument used to listen to the sounds produced by the heart, lungs, and other body organs

G. Systolic pressure - amount of force it takes to pump blood out of the heart into the arterial circulation

II. Blood Pressure Measurement

A. Blood pressure measurement consists of measuring the systolic and diastolic pressures.

B. Systole is the period of heart muscle contraction.
Systolic pressure is the highest pressure and represents the amount of force it takes to pump blood out of the heart into the arteries. (II-1)

C. Diastole is the period of heart muscle relaxation. Diastolic pressure is the lowest pressure and represents the amount of pressure in the arteries when the heart is at rest. (II-2)

D. Factors that can increase blood pressure measurement

1. Strong emotions
2. Pain
3. Exercise

    4. Some disease conditions

E. Factors that can lower blood pressure measurement

    1. Resting
    2. Depression
    3. Hemorrhage
    4. Shock

F. Normal range of blood pressure

    1. Systolic - 100 to 140 mm Hg
    2. Diastolic - 60 to 90 mm Hg

G. Hypertension - persistent blood pressure measurements above normal systolic and diastolic pressures (II-3)

H. Hypotension - persistent blood pressure measurements below normal systolic and diastolic pressures

III. Equipment Used to Take a Blood Pressure Reading

A. Sphygmomanometer (II-2)

1. Two types

a. Mercury manometer - has an upright gauge with a straight column of numbers

1. The dial is marked off from zero to 300. (II-4)

2. It has measurements for each 10 points.

3. Small lines between the large lines represent two-point intervals.

4. View it with your eye at the same level as the top of the mercury column.

b. Aneroid manometer - has a round gauge with spring type arrow pointing to numbers

1. The dial is marked off in unit measurements of 20 to 300; zero is at the center bottom of the gauge.

2. Small lines between the large lines represent two point intervals.

3. View it from straight on; do not view it from the side.

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2. The mercury column and the needle on the aneroid manometer should be at the zero mark when not in use.

B. Cuff

1. A long narrow piece of fabric that is wrapped around the arm and secured with Velcro; has a rubber bag at one end that fills with air when bulb is pumped and applies pressure on the artery to stop the flow of blood.

2. Should be placed so that the center of the bag is over the brachial artery about one inch above the elbow. (II-5)

3. Cuff should be applied to the bare upper arm; do not apply over clothing. (II-6)

4. Cuff should be wrapped snugly but not tightly.

5. Tubing connects the cuff to the manometer and another tube connects the cuff to a small hand-held bulb; a valve on the bulb is turned to allow inflation of the cuff as the bulb is squeezed. By turning it in the opposite direction it allows deflation of the cuff and measurement of the blood pressure.

C. Stethoscope

1. An instrument that amplifies sound (II-7)

2. Position the stethoscope for use with the earpieces facing forward.

3. Use the flat diaphragm side of the stethoscope.

4. Do not put too much pressure on the stethoscope because this will maintain pressure on the artery.

5. Always clean the earpieces with alcohol before and after taking the blood pressure.

IV. Measuring the Blood Pressure

A. Blood pressure should never be taken on an arm with an IV infusion or a cast.

B. Normally measured in the brachial artery of one of the arms.

C. Room should be quiet so that the BP can be heard; talking, noises from T.V. and radio should be stopped.

D. The manometer must be clearly visible.

E. Arm should be supported at heart level.

F. Systolic reading is the first sound you hear as you let the air out; blood begins to flow through the artery with force as the heart contracts. (II-8)

G. Diastolic reading is the last sound you hear as you let the air out or the point that it changes to a soft, muffled thump; blood flows freely through the artery when the heart relaxes. (II-9)

H. If the sounds become muffled before stopping or remains muffled down to zero, record the diastolic at the point when you hear the change from clear to muffled, and when the sound ends. For example: 136/74/42

V. Summary and Conclusion

A. Terms and definitions

B. Blood pressure measurement

C. Equipment used to take a blood pressure reading

D. Measuring the blood pressure

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIX : MEASURING VITAL SIGNS

INTERACTION ITEMS:

1. What happens to heart muscle during the systolic phase?
2. What happens to heart muscle during the diastolic phase?
3. What is the difference between hypertension and hypotension?
4. Each small line on the manometer indicates how many points?
5. Over what artery do you usually place the cuff?
6. Is it appropriate to take a blood pressure with clothing covering the arm?
7. Which direction should the earpieces be facing when putting on a stethoscope?
8. At what point is the systolic reading noted?
9. At what point is the diastolic reading noted?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Instructor shows students equipment used to take a blood pressure reading.
2. Have students fill out assignment sheets for measuring blood pressure.
3. Show filmstrip.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIX : MEASURING VITAL SIGNS

EVALUATION ITEMS:

Match the following terms to correct definitions by writing the letter in the blank.

___ 1. Sphygmomanometer
___ 2. Diastolic pressure
___ 3. Stethoscope
___ 4. Blood pressure
___ 5. Systolic pressure
___ 6. Hypertension
___ 7. Hypotension

a. Amount of force necessary to pump blood out of the heart into the arterial circulation

b. High blood pressure

c. Amount of force exerted against the walls of an artery by the blood

d. Pressure in the arteries when the heart is at rest

e. Low blood pressure

f. Used to measure BP; includes cuff and a measuring device

g. Used to listen to the sounds produced by the heart, lungs, and other body organs

8. What is the normal range for systolic pressure?

9. What is the normal range for diastolic pressure?

10. Which one of the following pieces of equipment is not needed to take a blood pressure? (Circle the letter of the correct answer.)

    a. Sphygmomanometer
    b. Stethoscope
    c. Otoscope
    d. Cuff

For each of the following, write "T" if the statement is true, or "F" if it is false.

_____11. If the resident has an IV infusing, do not take the blood pressure in that arm.

_____12. It is not appropriate to turn the resident's television off when taking a blood pressure.

_____13. Systolic reading is the first sound you hear as you let the air out of the cuff.

_____14. Diastolic reading is the sound you hear when blood flows freely through the artery when the artery relaxes.

_____15. The arm should be placed above the heart to get an accurate reading.

LESSON PLAN: 3

COURSE TITLE: HEALTH SERVICES ASSISTANT

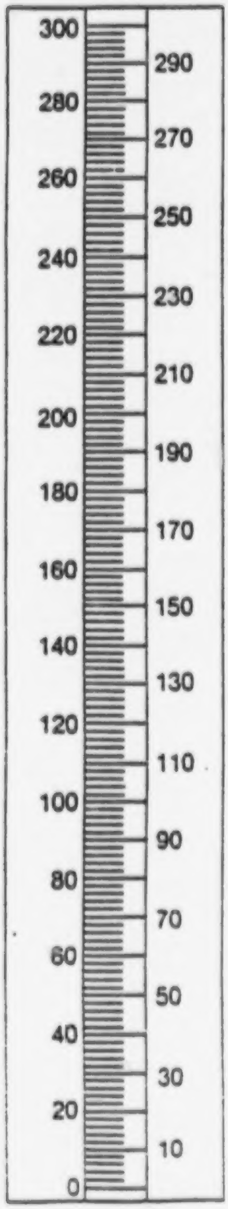
UNIT XIX : MEASURING VITAL SIGNS

ANSWERS TO EVALUATION ITEMS:

1. f
2. d
3. g
4. c
5. a
6. b
7. e
8. Systolic pressure - normal range is 100 to 140 mm Hg
9. Diastolic pressure - normal range is 60 to 90 mm Hg
10. c
11. T
12. F
13. T
14. T
15. F

Reading a Mercury Sphygmomanometer

Beside each sphygmomanometer gauge is a Bp reading: the systolic and diastolic numbers. Mark the gauge by extending a line out from the correct systolic reading and a line out from the correct diastolic reading. Note: Each line on the gauge represents 2/10 mm. Hg.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← BP 158/112

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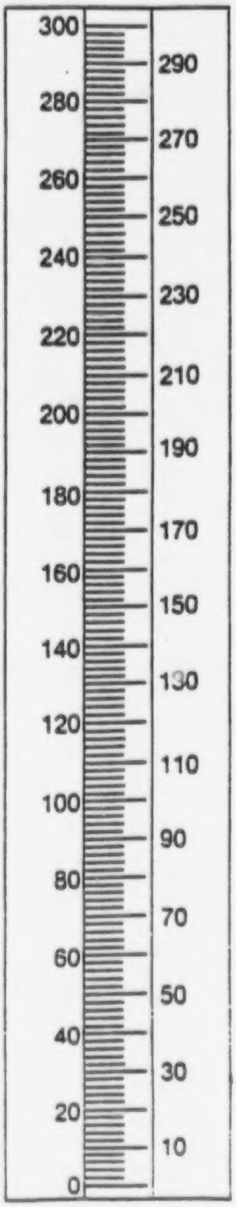
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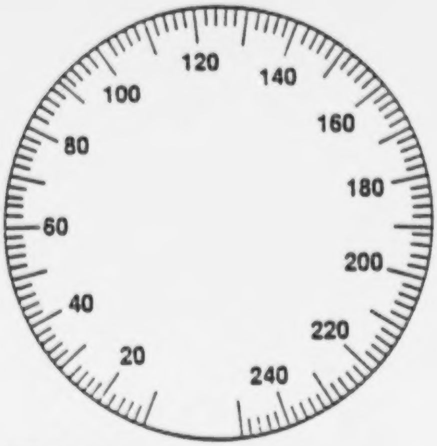
Reading an Aneroid Sphygmomanometer

Beside each sphygmomanometer gauge is a BP reading: the systolic and diastolic numbers. Mark the gauge by extending a line out from the correct systolic reading and a line out from the correct diastolic reading. Note: Each line on the gauge represents 2/10 mm. Hg.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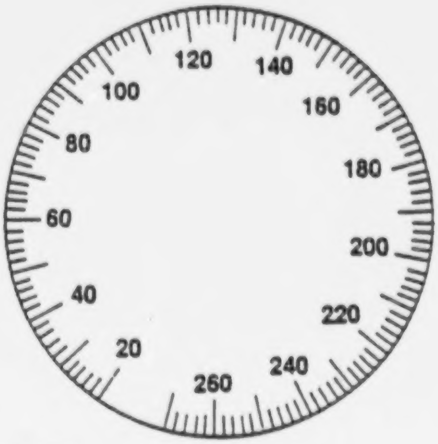
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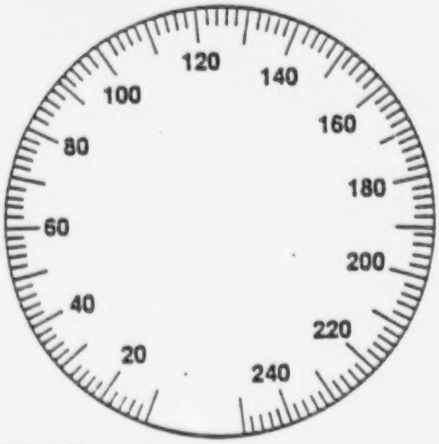
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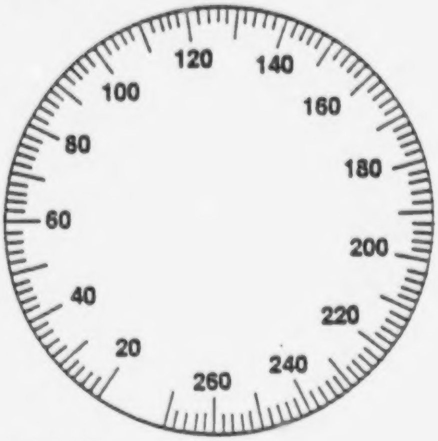
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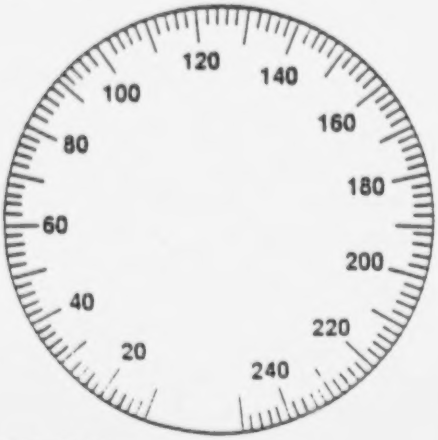
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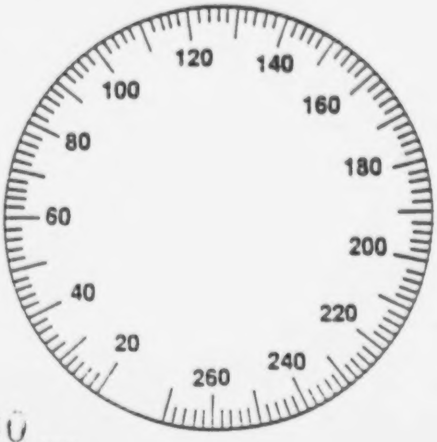
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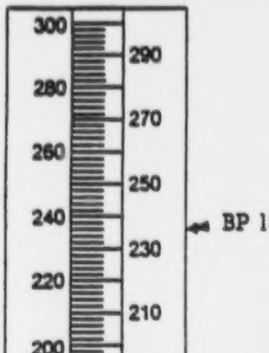
Answers to Assignment Sheets:

Reading a Morcury Sphygmomanometer

Beside each sphygmomanometer gauge is a BP reading: the systolic and diastolic numbers. Mark the gauge by extending a line out from the correct systolic reading and a line out from the correct diastolic reading. Note: Each line on the gauge represents 2/10 mm. Hg.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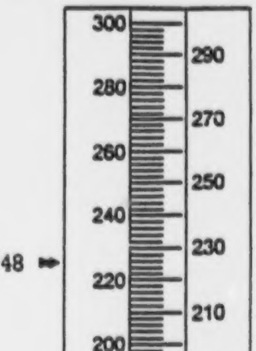
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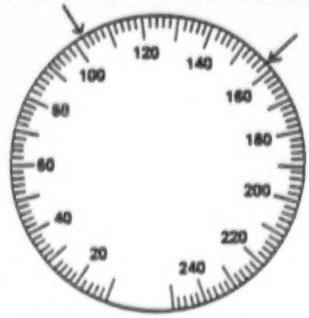
Answers to Assignment Sheets, Continued

Reading an Aneroid Sphygmomanometer

Beside each sphygmomanometer gauge is a BP reading: the systolic and diastolic numbers. Mark the gauge by extending a line out from the correct systolic reading and a line out from the correct diastolic reading. Note: Each line on the gauge represents 2/10 mm. Hg.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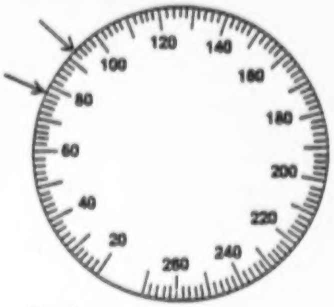
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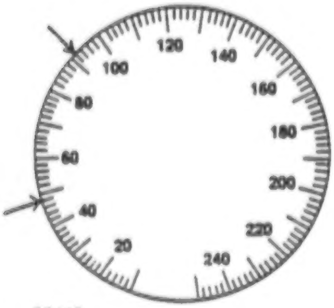
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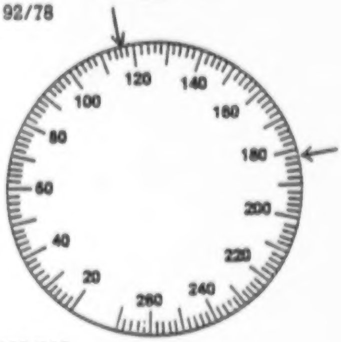
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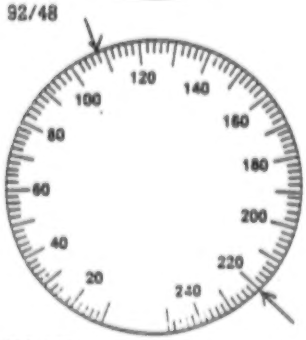
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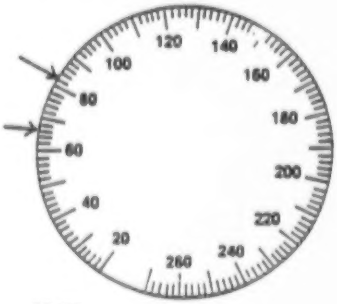
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LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIX : MEASURING VITAL SIGNS

SCOPE OF UNIT:

This unit covers the measurement and recording of the vital signs including blood pressure; oral, rectal, and axillary temperature; pulse and respirations.

INFORMATION TOPIC: OR DEMONSTRATION: XIX-4

TAKING A BLOOD PRESSURE READING
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Demonstrate how to measure a blood pressure according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Sphygmomanometer
2. Stethoscope
3. Alcohol sponges
4. Note pad and pencil

INFORMATIONAL ASSIGNMENT:

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 237-239.

REFERENCES:

Fouts, Janet and Lynn Mullen. Nursing Assistant Training Manual. Beaverton, OR: Medi Form Printers and Publishers, Inc., 1984, pp. 143-144.

Johnson-Pawlson, Jean and Marsha Goodwin. How To Be A Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1985, pp. 101-102.

McClelland, Sharon and Geraldine Kaspar. A Clinical Manual for Nursing Assistants. Monterey, CA: Wadsworth Health Sciences Division, 1985, p. 222-224.

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 237-239.

INTRODUCTION:

The following procedure will demonstrate how to correctly take a blood pressure reading. It is important to remember that you must practice this procedure many times before you will feel proficient. It is necessary to concentrate on what you are doing and to take your time.

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIX : MEASURING VITAL SIGNS

STEPS OF PROCEDURE:

Taking a Blood Pressure Reading

Steps beginning procedure

1. Wash your hands.
2. Assemble necessary equipment.
3. Identify and greet resident. Identify self.
4. Explain what you are going to do.
5. Provide privacy.

Blood pressure procedure

6. Position resident seated/reclining with the entire lower arm on a flat surface, palm upward.
7. Expose the arm as much as possible. Squeeze the cuff to expel any remaining air and turn the valve clockwise on the bulb to close it.

   NOTE: Do not turn it too tightly or you will have trouble opening it
8. Wrap cuff snugly around the upper arm.
9. Clean earpieces of stethoscope with alcohol sponge.
10. Locate the brachial artery at the inner aspect of the elbow.
11. Place the earpieces of the stethoscope in your ears and place the diaphragm of the stethoscope over the brachial artery.
12. Hold the rubber bulb in the palm of the hand not holding the stethoscope.
13. Quickly inflate the cuff with air by pumping the bulb to 170-200 mm Hg.
14. Loosen the valve counterclockwise, deflate the cuff slowly and steadily. Listen carefully and watch the column of mercury or aneroid needle gauge for points where you hear the sound.

NOTE: If you hear pulse sounds immediately, stop and deflate the cuff, wait 15 seconds. Inflate cuff to a higher calibration of 200-240 mm Hg.

15. Note the systolic and diastolic reading.

16. Deflate the cuff completely when all sounds stop and remove it from the resident's arm.

17. Do not reinflate the cuff during the reading; if you need to repeat the procedure, you must let all the air out of the cuff and wait fifteen seconds before inflating the cuff again.

18. Record blood pressure on paper.

Steps ending procedure

19. Remove, clean, and store equipment.

20. Wash your hands.

21. Make the resident comfortable; place call signal within reach.

22. Record observations.

NOTE: Report anything unusual to the charge nurse.

SUMMARY AND CONCLUSION:

1. Ask interaction items.

2. Review steps of procedure.

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIX : MEASURING VITAL SIGNS

INTERACTION ITEMS:

1. What position should the resident be in when having his/her blood pressure reading taken?
2. Why should you clean the earpieces on the stethoscope?
3. How far up do you pump the cuff?
4. In what direction do you turn the valve to release air from the cuff?
5. What should you do if you hear pulse sounds immediately after opening the valve?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Instructor demonstrates the blood pressure procedure.
2. Students practice taking each other's blood pressure reading.

LESSON PLAN: 4

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XIX : MEASURING VITAL SIGNS

EVALUATION ITEMS: NAME OF STUDENT ____________________

TAKING A BLOOD PRESSURE READING

EQUIPMENT:

1. Sphygmomanometer
2. Stethoscope
3. Alcohol sponges
4. Note pad and pencil

DID THE STUDENT	YES	NO
A. Steps beginning procedure		
1. Wash hands.		
2. Assemble necessary equipment.		
3. Identify and greet resident. Identify self.		
4. Explain procedure to resident.		
5. Provide privacy.		
B. Steps of procedure		
6. Position resident seated/reclining with the entire lower arm on a flat surface, palm upward.		
7. Expose the arm as much as possible. Squeeze the cuff to expel any remaining air and turn the valve clockwise on the bulb to close it.		
8. Wrap cuff snugly around the upper arm.		
9. Clean earpieces of stethoscope with alcohol sponge.		
10. Locate the brachial artery at the inner aspect of the elbow.		

	YES	NO
11. Place the earpieces of the stethoscope in ears and place the diaphragm of the stethoscope over the brachial artery.		
12. Hold the rubber bulb in the palm of the hand not holding the stethoscope.		
13. Inflate the cuff.		
14. Loosen valve and deflate cuff.		
15. Note the systolic and diastolic reading.		
16. Deflate the cuff completely and remove from the resident's arm.		
17. Let all the air out of the cuff and wait fifteen seconds before inflating the cuff again if procedure is to be repeated.		
18. Record blood pressure on paper.		
C. Steps ending procedure 19. Remove, clean, and store equipment.		
20. Wash hands.		
21. Make the resident comfortable; place call signal within reach.		
22. Record observations and report anything unusual to the charge nurse.		

The student has satisfactorily completed the procedure "TAKING A BLOOD PRESSURE READING" according to the steps outlined.

Instructor's/Charge Personnel's Signature
(Verifying Satisfactory Completion)

Date

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XX : DEATH AND DYING

SCOPE OF UNIT:

This unit deals with death and dying. Topics include: factors affecting attitudes about death; the five stages of dying; psychological and spiritual needs; physical needs; signs of death; care of the body after death; and the health services assistant's feelings toward death.

INFORMATION TOPIC: XX-1 OR DEMONSTRATION:

DEATH AND DYING
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Define terms presented in this lesson.
2. Identify factors that affect a person's attitude about death.
3. List the five stages of dying.
4. Recognize key points of psychological and spiritual needs of the dying resident.
5. Identify specific physical changes associated with the dying process.
6. List four nursing care measures to comfort the dying resident.
7. List five signs of death.
8. Identify key points in the care of the body after death.
9. Recognize the nurse assistant's feelings toward death.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Trainex filmstrip #155: "Spiritual Needs of the Patient"
2. Trainex filmstrip #403: "Care of the Patient Who is Dying"
3. Concept Media Filmstrip: "Perspectives on Dying," Program II, "Psychological Reactions of the Dying Person"

INFORMATIONAL ASSIGNMENT:

Read lesson plan 1 prior to class and be prepared to discuss the information presented.

REFERENCES:

Fouts, Janet and Lynn Mullen. Nursing Assistant Training Manual. Beaverton, OR: Medi Form Printers and Publishers, Inc., 1984, pp. 229-233.

Johnson-Pawlson, Jean and Marsha Goodwin. How To Be a Nurse's Aide In A Nursing Home. Washington, DC: American Health Care Association, 1985, pp. 72-76.

McClelland, Sharon and Geraldine Kaspar. A Clinical Manual for Nursing Assistants. Monterey, CA: Wadsworth Health Sciences Division, 1985, pp. 232-243.

Schniedman, Rose and Susan Lambert. Being a Nursing Assistant. 4th ed. Englewood Cliffs, NJ: The Robert J. Brady Co., 1986, pp. 435-443.

Kübler-Ross, Elisabeth. On Death and Dying. New York: McMillan Publishing Co., 1969.

Sorrentino, Shiela A. Mosby's Textbook for Nursing Assistants. St. Louis: The C.V. Mosby Co., 1984, pp. 480-485.

INTRODUCTION:

Caring for a dying resident can be one of the greatest challenges of a health care worker. Even though we are well aware that all life must end in death, we tend to avoid thinking about this until we are actually faced with the situation. Today's life span has been increased with the coming of improved health care and medications, however death is still the last learning experience. It is very important that you, as a nurse assistant, form your own feelings about death so you can comfort and assist the dying resident and his/her family.

This lesson will assist you in that by identifying the stages that a resident and/or the family faced with a terminal illness may go through. We will also discuss the psychological, spiritual, and physical needs of the dying resident and how to determine when a resident is near death.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XX : DEATH AND DYING

OUTLINE: (Key Points)

I. Terms and Definitions

  A. Death - permanent stoppage of all vital functions of the body

  B. Postmortem - after death

  C. Rigor mortis - temporary rigidity of muscles of the body occurring after death

II. Factors Affecting Attitudes About Death

  A. Personal experience

  B. Culture

  C. Religion

  D. Age

III. Five Stages of Dying (as identified by Elisabeth Kübler-Ross)

  A. Denial

    1. Individual refuses to believe he/she is dying. The person thinks, "No, not me."

    2. The HSA needs to be available to the resident; allow him/her to deny impending death. Just listen.

  B. Anger

    1. Individual is envious and resentful of those who have life and health; it is directed at those around him/her; the person thinks, "Why me?"

    2. The HSA must accept the anger if it is in an acceptable form. Realize it is not directed at you.

  C. Bargaining

    1. Individual tries to gain more time; usually done with God; the person thinks, "Yes, me, but . . ."

    2. The HSA should understand the resident is trying to buy more

time; he/she is beginning to accept the reality of his/her fate.

D. Depression

1. Individual is very sad and mourns over things he/she will never do; the person thinks, "Yes, me."
2. The HSA should not try to cheer up the resident. Realize that the resident is mourning.

E. Acceptance

1. Individual experiences peace and calm; is ready to accept death. Reaching this stage of acceptance does not mean that the time of death is near. Many elderly residents have reached this point.
2. The HSA should assure the resident that he/she will be given the best nursing care possible.
3. Resignation - not a true acceptance; giving up

F. It is desirable for dying resident to progress through the five stages; the resident may never get beyond a certain stage or he/she may move back and forth between stages. Some residents remain in one stage until death. He/she may never reach acceptance.

G. The resident's family may also experience the same stages of mourning that the resident is going through

1. They too are trying to prepare for the impending death.
2. The support to be offered by the HSA is very much like that for the resident.
3. Being available to just listen is most important.

IV. Psychological and Spiritual Needs

A. The HSA needs to use two important aspects of communication when dealing with the dying resident.

1. Listening - the resident is the one who needs to talk; may be encouraged to discuss his/her feelings, concerns and worries by the presence of one who will listen
2. Touch - conveys caring and concern to the resident when words cannot; reaffirms the resident's humanness

B. The HSA must respect the resident's spiritual needs.

1. Assist in obtaining spiritual guidance for the resident who may wish to see a priest, rabbi, or minister.

2. Provide privacy during spiritual moments and show courtesy when clergy visits.

3. Assistance in obtaining spiritual support may be needed by the family at the immediate time of death.

V. Physical Needs

A. The process of dying may involve a few minutes/hours or it may take days or weeks. There is a general slowing down of body functions and changes in the level of consciousness.

B. Specific changes

1. Vision becomes blurred and gradually fails; increased amounts of secretions accumulate in the corners of the eyes.

2. Speech becomes more difficult.

3. Hearing is one of the last senses and functions to be lost.

4. Mucus may accumulate in the mouth as the resident is unable to swallow.

5. Urinary and stool incontinence may develop or urinary retention and constipation.

C. Nursing care measures to comfort the dying resident

1. Room should be well-lighted, but bright lights and glare should be avoided.

2. Give good eye care.

3. Even though it may be difficult for the resident to speak, you should still talk to him/her; ask questions so he/she can answer with a simple yes or no.

4. Speak in a normal voice—do not whisper; keep in mind that the resident may still be able to hear. Do not say things that you would not want the resident to hear. Offer reassurance and give explanations.

5. Oral hygiene is very important.

6. Give good peri care; keep resident clean and dry.

7. Good skin care and frequent position changes; good body alignment and supportive devices will help resident feel more comfortable.

8. Report to charge nurse if resident appears to be in pain or complains of pain.

VI. Signs of Death

A. Eyes have a glossy appearance, stare into space.

B. Movement, muscle tone and sensation are lost.

C. Peristalsis slows down, noted by abdominal distention, incontinence, impaction, nausea and vomiting.

D. Circulation fails and body temperature rises. Resident feels cool, appears pale, and perspires heavily. Arms and legs become cyanotic/mottled.

E. Pulse is fast, weak, and irregular; BP begins to fall.

F. Respirations fail - become very slow; Cheyne-Stokes; or rapid and shallow

G. Mucus collects in the resident's throat causing a sound called the "death rattle."

H. Level of consciousness varies--from drowsy, stupor (may still be aroused), to coma (loss of consciousness). Some people do not lose consciousness until the moment of death.

I. The resident is pronounced dead when there is absence of a pulse, respirations and blood pressure. The pupils are fixed and dilated.

VII. Care of the Body After Death

A. Use the facility's procedure.

B. Proper care is needed after death to maintain good appearance of the body and prevent damage to the skin.

C. Treat the body with respect.

D. Rigor mortis is the stiffness or rigidity of skeletal muscles that occurs after death; it will occur within two to four hours after death.

E. Close the eyes, remove equipment, bathe soiled parts, replace soiled dressings, and put dentures in a labeled container.

F. Valuables and personal possessions should be gathered for the family.

G. Cover the body to the shoulders with a sheet if the family is to view the body.

H. Provide privacy for family when they visit.

VIII. The Health Services Assistant's Feelings Toward Death

- A. Learn to express feelings to someone (friends, family, coworker).
- B. Realize you are a person with emotions and feelings--it is okay to feel sad when someone you care about dies.
- C. No one has the answer to how to deal with death--it is an experience of which we are unsure of the outcome.

IX. Summary and Conclusion

- A. Terms and definitions
- B. Factors affecting attitudes about death
- C. Five stages of dying
- D. Psychological and spiritual needs
- E. Physical needs
- F. Signs of death
- G. Care of the body after death
- H. The HSA's feelings toward death

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XX : DEATH AND DYING

INTERACTION ITEMS:

1. What can the HSA do to help ease the emotional pain for the resident and/or family?
2. How do you feel about performing physical care for a postmortem resident.
3. If a member of your family was dying, how would you expect them to be treated?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

Have students write down their feelings about death by answering these questions:

1. If you only had one more day to live, how would you spend it?
2. Where would you rather die, in a hospital, nursing home, or at home?
3. How does the age of a person affect your feelings about death?

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XX : DEATH AND DYING

EVALUATION ITEMS:

1. Define the following terms.

   a. Death

   b. Postmortem

   c. Rigor mortis

2. Factors that affect a person's attitude about death are: (Circle the letter of the correct answer.)

   a. Culture
   b. Age
   c. Religion
   d. All of the above

3. List the five stages of dying as identified by Kubler-Ross.

   a.

   b.

   c.

   d.

   e.

For each of the following, write "T" if the statement is true, or "F" if it is false.

____ 4. Listening and touch are two important aspects of communication when dealing with the dying resident.

____ 5. The HSA should provide privacy during spiritual moments and show courtesy when clergy visits.

____ 6. Vision usually improves during the dying process.

____ 7. Hearing is one of the first senses to be lost.

____ 8. Urinary and stool incontinence may develop during the dying process.

9. List four nursing care measures to comfort the dying resident.

   a.

   b.

   c.

   d.

10. List five signs of death.

   a.

   b.

   c.

   d.

   e.

For each of the following, write "T" if the statement is true, or "F" if it is false.

____ 11. Rigor mortis will not occur until 12 hours after death.

____ 12. Treat the body with respect when caring for it after death.

____ 13. The body should be bathed and soiled dressings changed after death.

____ 14. It is not appropriate for the HSA to show any emotion after a resident dies since this will upset coworkers and other residents.

____ 15. It is important for the HSA to be able to express his/her feelings toward death to someone close to him/her.

LESSON PLAN: 1

COURSE TITLE: HEALTH SERVICES ASSISTANT

UNIT XX : DEATH AND DYING

ANSWERS TO EVALUATION ITEMS:

1. a. Death - permanent stoppage of all vital functions of the body
   b. Postmortem - after death
   c. Rigor mortis - temporary rigidity of the muscles of the body occurring after death
2. d
3. a. Denial
   b. Anger
   c. Bargaining
   d. Depression
   e. Acceptance
4. T
5. T
6. F
7. F
8. T
9. The student may list any four of the following:
   a. Room should be well-lighted, but bright lights and glare should be avoided.
   b. Give good eye care.
   c. Even though it may be difficult for the resident to speak you should still talk to him/her; ask questions so he/she can answer with a simple yes or no.
   d. Speak in a normal voice—do not whisper; keep in mind that the resident may still be able to hear. Do not say things that you would not want the resident to hear. Offer reassurance and give explanations.
   e. Oral hygiene is very important.
   f. Give good peri care; keep resident clean and dry.
   g. Good skin care and frequent position changes; good body alignment and supportive devices will help resident feel more comfortable.
   h. Report to charge nurse if resident appears to be in pain or complains of pain.
10. The student may list any five of the following:
    a. Eyes have glossy appearance, stare into space.
    b. Movement, muscle tone, and sensation are lost.
    c. Peristalsis slows down, noted by abdominal distention, incontinence, impaction, nausea, and vomiting.
    d. Circulation fails and body temperature rises. Resident feels cool, appears pale, and perspires heavily. Arms and legs become cyanotic/mottled.
    e. Pulse is fast, weak, and irregular; BP begins to fall.
    f. Respirations fail - become very slow; Cheyne-Stokes; or rapid and shallow
    g. Mucus collects in the resident's throat causing a sound called the "death rattle."

h. Level of consciousness varies--from drowsy, stupor (may still be aroused), to coma (loss of consciousness). Some people do not lose consciousness until the moment of death.

i. The resident is pronounced dead when there is absence of a pulse, respirations, and blood pressure. The pupils are fixed and dilated.

11. F
12. T
13. T
14. F
15. T